

CHILD ABUSE VICTIMS WITH DISABILITIES

A CURRICULUM FOR LAW ENFORCEMENT FIRST RESPONDERS AND
CHILD PROTECTIVE SERVICES FRONTLINE WORKERS



PARTICIPANT MANUAL

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INTRODUCTION TO THE CURRICULUM

The California Governor's Office of Emergency Services (OES) is the administering agency for the federal Children's Justice Act (CJA) grant funds. The CJA is a federal program charged with identifying the need for systemic changes in the area of investigating child abuse. The federal funds provide grants to states to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect. Since 1993, CJA funds have supported numerous programs throughout California and propelled much needed change in the system's response to child abuse. The overall goal of the CJA is to reduce systemic trauma to children who are victims of child abuse, sexual abuse and exploitation, and preserve the rights of all parties involved in the investigation of such cases.

The CJA Task Force is a requirement for California's eligibility to receive the federal funds. This CJA Task Force is comprised of professionals throughout California who have knowledge and expertise in the areas of criminal justice and child abuse, including investigation of child physical abuse, child neglect, child sexual abuse and exploitation, and child maltreatment-related fatalities. The CJA Task Force is responsible for making policy, program, and training recommendations to the State regarding improvements and reform to the way suspected child abuse cases are handled.

The California CJA Task Force recognizes the needs of child abuse victims with disabilities are different in substantial ways from those of child abuse victims who do not have disabilities; therefore, the CJA Task Force recommended funding for projects to address these needs. The CJA Task Force is aware of the importance of training first responders, child protective services workers, and others who are called upon to serve the needs of child abuse victims with disabilities. The first response of law enforcement officers and child protective services workers is critical to the child abuse case, as well as to the child victim and his/her family. To address this issue, the CJA Task Force recommended the development of a first responder's curriculum to improve and standardize available training.

The Child Abuse and Neglect Disability Outreach (CAN DO) Program at Arc Riverside was selected to develop a one-day training curriculum for first responders to cases of abuse of children with disabilities. The goal of the curriculum is to provide the first responders with information, skills, and an effective protocol for responding to abuse situations involving children with disabilities.

In its development of the curriculum, the CAN DO Program conducted a national search for similar curricula and none were located. Related curricula were identified and used as background material. Some projects have developed videos and curricula on similar topics such as the Peace Officer Standards and Training's (POST) curriculum on law enforcement response to individuals with mental illness and developmental disabilities. However, none exist specifically for children with all disabilities, and focus exclusively on law enforcement first responders and child protective services frontline workers.

Some of the issues addressed in this curriculum include: (1) Myths and stereotypes interfering with effective response; (2) Basic information about disabilities and how these lead to different life experiences and create cultural and knowledge-based differences; (3) Barriers to communication occurring as a function of the disability and strategies to overcome them; (4) Development of a first response protocol for child abuse victims with disabilities that can be incorporated into existing first response protocols; (5) Access to information about

disabilities and effectively interviewing children with disabilities; and (6) Information on deciding when to respond and when other resources may be necessary.

Children have many varied disabilities. Accordingly, the CAN DO Program team decided to provide a comprehensive overview of various disabilities and focus the curriculum on those disabilities most likely to require special skills or information on the part of the first responder (e.g., disabilities that affect intellectual function, speech and language, physical function, and mental health). Children with disabilities often require specialized services to meet educational and medical needs. The laws, service systems, and resources that exist to meet these needs are also described within this curriculum.

It is widely acknowledged that children with disabilities are abused at rates far higher than children without disabilities. However, the service and response systems have not provided for their needs. The first response is considered critical for many reasons: it can ensure the safety and well-being of the child victim, it can leave a positive or negative lasting impression on the victim and the family; and the information gathered and evidence collected contributes to the successful prosecution of the criminal case

FIRST RESPONDERS PARTICIPANT MANUAL CONTENTS

A CURRICULUM FOR LAW ENFORCEMENT FIRST RESPONDERS AND CHILD PROTECTIVE SERVICES FRONTLINE WORKERS

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COURSE SCHEDULE

8:00 – 8:45 am	Welcome and Module 1 – Introduction
8:45 – 9:15 am	Module 2 – Commonly Held Beliefs about Children with Disabilities who Are Victims of Abuse
9:15 – 9:25 am	<i>Break</i>
9:25 – 10:35 am	Module 3 – Overview of Disabilities
10:35 – 10:45 am	<i>Break</i>
10:45 – 11:30 am	Module 4 – Legal Update
11:30 – 12:00 pm	Module 5 – Office/Worker Safety Issues
12:00 – 1:00 pm	<i>Lunch</i>
1:00 – 2:00 pm	Module 6 – Conducting the Preliminary Investigation
2:10 – 2:20 pm	<i>Break</i>
2:20 – 3:20 pm	Module 7 – Part One – Conducting the Interview
3:20 – 3:30 pm	<i>Break</i>
3:30 – 4:30 pm	Module 7 – Part Two – Conducting the Interview
4:30 – 5:00 pm	Module 8 – The Benefits of a Multidisciplinary Response and Conclusion



MODULE 1

Introduction

THIS SEGMENT WILL INTRODUCE THE INSTRUCTORS AND PARTICIPANTS TO ONE ANOTHER, AND INTRODUCE THE COURSE THEME. THE THEME IS THAT FIRST RESPONDERS — LAW ENFORCEMENT AND CHILD PROTECTIVE FRONTLINE WORKERS — ARE CRITICAL TO PROTECTING CHILDREN WHO HAVE DISABILITIES AND ARE VICTIMS OF ABUSE, AND HOW THEY RESPOND HAS RELEVANCE TO PROFESSIONALS BEYOND THE FIRST RESPONSE. THEIR WORK MAY MAKE OR BREAK THE CASE. COURSE OBJECTIVES ARE REVIEWED.

Learning Objectives:

- Recognize the critical role of first responders in child abuse cases when the victim has a disability
- Become familiar with the adult and minor populations of persons with disabilities

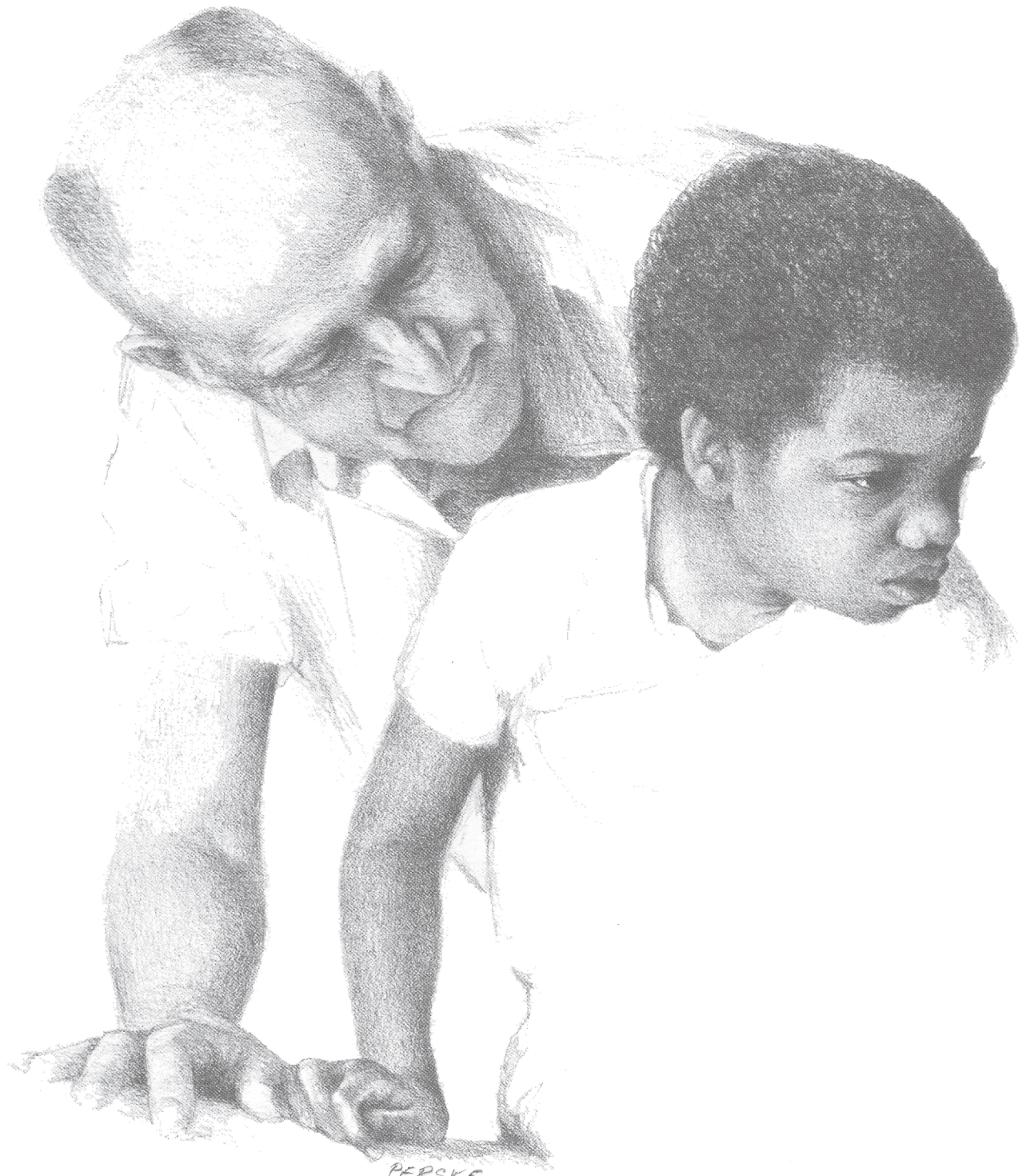
SUPPORTING MATERIALS

- PowerPoint Slides 1 - 9 (pp. 116 - 120)
- Class Schedule

NOTES

MODULE HIGHLIGHTS

[illegible]



MODULE 2

Commonly Held Beliefs about Children with Disabilities Who Are Victims of Abuse

THIS MODULE WILL DISCUSS MYTHS AND BELIEFS ABOUT CHILDREN WITH DISABILITIES AND PROVIDE ACCURATE INFORMATION TO COUNTER MISCONCEPTIONS. SIGNIFICANT DIFFERENCES IN THE LIVES OF CHILDREN WITH DISABILITIES ARE DESCRIBED.

Learning Objectives:

- Identify widely held beliefs about children with disabilities
- Identify common reactions to individuals with disabilities
- Recognize how incorrect information can reduce the first responder's effectiveness
- Become familiar with how a disability affects the life of a child

SUPPORTING MATERIALS

- PowerPoint Slides 10 - 19 (pp. 120 - 125)
- Commonly Held Beliefs about Children with Disabilities

COMMONLY HELD BELIEFS ABOUT CHILDREN WITH DISABILITIES

Beliefs	Realities
Any child with a disability is likely to have more than one. (The concept of “spread.”)	Most children have only one disability.
They are unable to comprehend things generally.	A range of abilities within any disability type. They may comprehend well.
They are unable to understand about abuse, and therefore are not harmed by the maltreatment they experienced.	They understand at their own level, which is unrelated to psychological and emotional responses. They experience the same range of feeling and responses as other children.
They are unable to learn.	They have a range of abilities within any disability type.
They do not have feelings and therefore do not feel pain.	They have feelings like other children.
They do not know the difference between truth and fantasy.	Like other children, they have the ability to know the difference between truth and a lie.
They are unable to reliably and effectively communicate.	Like other children they can be accurate historians and reporters
Persons with disabilities are asexual.	They have the same sexuality as the rest of population, often lack information about sexuality; and generally have received no sex education.

NOTES

MODULE HIGHLIGHTS

[illegible]



MODULE 3

Overview of Disabilities

THIS MODULE PROVIDES INFORMATION ON THE LEGAL AND MEDICAL DESCRIPTIONS OF DIFFERENT DISABILITIES. IT CONTAINS INFORMATION ON THE EFFECT OF THESE DISABILITIES ON CHILDREN'S LIVES, AND PROVIDES A BRIEF REVIEW OF THE PREVALENCE OF ABUSE AMONG CHILDREN WITH DISABILITIES. FINALLY, IT GIVES A PERPETRATOR PROFILE.

Learning Objectives:

- Identify legal definitions of disability
- Identify legal definition of developmental disabilities and its purpose as an eligibility standard
- Become familiar with information resources for children with disabilities
- Identify ways to interact with children with disabilities

SUPPORTING MATERIALS

- PowerPoint Slides 20 - 50 (pp. 125 - 140)
- Individuals in the Lives of Children with Disabilities
- Americans with Disabilities Act Summary
- California Definition of Developmental Disability
- Mental Retardation
- Learning Disabilities
- Communication Disabilities
- Autism Spectrum Disorders
- Epilepsy
- Tourette's Syndrome
- Cerebral Palsy
- Deaf and Hard of Hearing
- Mental Illness
- Transcription of "*Victims with Disabilities: The Forensic Interview*"

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INDIVIDUALS IN THE LIVES OF CHILDREN WITH DISABILITIES

Family & Friends	Family and family members, friends of the family, other household members, neighbors
School	Transportation providers, school teachers, teachers' aides, one-on-one aides, sign language interpreters, speech therapists, readers, volunteers, traveling teachers, resource staff, janitors, nurses, counselors, behavior aides, trainees and interns, grounds keepers, clerical staff, administrative staff, district level staff
Health Care	Specialists and therapists in areas such as speech and language, recreation, and art; psychotherapists, behavior modification therapists, psychiatrists, and psychologists; pediatricians, disability medical specialists, orthopedic specialists, physical therapists, occupational therapists, neurologists, genetic physicians, OB-GYNs, specialized dental practitioners, and others based on the child's specific disability, sign language interpreters, audiologists.
After School Activities	After school programs, religious gatherings, scouts and similar organizations, tutors, coaches, and special instructors (music, dance, etc.)
Care Providers	Baby-sitters, respite care workers, personal care attendants, In Home Support Service workers
Social Service Providers	Social workers, Regional Center case managers, supervisors, special services coordinators, other vendored (authorized by the Regional Center) service providers such as in-home behavior management specialists, sign language or other interpreters, agencies specific to disability issues i.e. Braille Institute, Easter Seals, Cerebral Palsy Foundation.

AMERICANS WITH DISABILITIES ACT SUMMARY

The Americans with Disabilities Act (ADA) was signed into law on July 26, 1990. It provides civil rights protections to individuals with disabilities that are similar to those provided to individuals on the basis of race, sex, national origin, and religion. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, state and local government services and telecommunications.

Defining the term “Qualified Individual with a disability” under the ADA is defined as an individual who:

- Has a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- Has a record of such an impairment; or
- Is regarded as having such an impairment

Applications

Title II of the ADA prohibits discrimination against qualified individuals with disabilities in all programs, activities, and services of public entities. It applies to all State and local governments, their departments and agencies, and any other instrumentalities or special purpose districts of State or local governments.

It clarifies the requirements of section 504 of the Rehabilitation Act of 1973 for public transportation systems that receive Federal financial assistance, and extends coverage to all public entities that provide public transportation, whether or not they receive Federal financial assistance. It establishes detailed standards for the operation of public transit systems, including commuter and intercity rail (AMTRAK).

Title II prohibits all public entities, regardless of the size of their work force, from discriminating in employment against qualified individuals with disabilities. In addition to title II’s employment coverage, title I of the ADA and section 504 of the Rehabilitation Act of 1973 prohibit employment discrimination against qualified individuals with disabilities by certain public entities.

Physical Disability – Examples of application

- Are all entrances and exits accessible to individuals with mobility disabilities?
Is the path of travel to the location and throughout the location barrier-free?
- Are reception desks easily accessible for individuals who use wheelchairs or are of short stature?
- Are the telephones, drinking fountains, fire alarms set low so everyone can reach them consistent with the ADA Guidelines or in California Title 24 Building Code?

NOTES

- Do the elevator call buttons have the correct lowered location, and has nothing been placed in front of them, such as an ashtray or planter?

Communication – Examples of application

- Can individuals with hearing or speech disabilities easily telephone your offices? Do you have a TDD or TTY number and is it installed, operational and are staff trained to use it? Do you use a relay service with similar training in place for staff? How do you address confidentiality?
- Are all alarms and signs easily read?
- Do the elevator call buttons, signage and floors have Braille? Are signs Brailled such as elevator call buttons and floors?
- Are all audible fire alarms equipped with visual strobe lighting for deaf and hard of hearing individuals?
- Do you have access to sign language interpreters? Do you have a contract or MOU in place with Interpreter Service Agencies?

Materials – Examples of application

- Are your materials for the public (applications, consent forms, informational brochures, and posters) printed using standards of universal accessibility?
- Are you using 16 point fonts?
- Are you using Goldenrod or white paper?
- Are your materials in plain English?
- Are your employment applications, consents, and forms required for signature (evaluation forms) available in large print, Braille and /or in audio format?

Assurances of Non-Discrimination – Examples of application

- Do your brochures specifically name as potential consumers of your services and potential employees, people with disabilities?
- Do your depictions include individuals with disabilities?
- Do your PSA's or other voice informational products specifically invite/include individuals with disabilities?
- Are your PSA's and other video/audio information closed or open captioned?
- Do you have language included regarding the procedure for people with disabilities to request reasonable accommodations? Where is that information posted or provided?

CALIFORNIA DEFINITION OF DEVELOPMENTAL DISABILITY

Often referred to as the Lanterman Act, this section of law defines “Developmental Disability” and the rights that accrue for those who meet the definition.

California Welfare and Institutions Code, Division 4.1. Developmental Services, Part 1. General Administration, Powers and Duties of the Department Division 4.5. Services for the Developmentally Disabled, Chapter 1 § 4512.

(a) “Developmental disability” means a disability that originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature.”

This was the enabling legislation to authorize the establishment of a regional service delivery system for individuals with developmental disabilities throughout the State of California. Among the many components of this law is one that provides a “one-stop shopping” option for parents of children and adults who have developmental disabilities. California has 21 Regional Centers throughout the state. These provide diagnostic, assessment (to help verify eligibility) and referral services.

This law allows for an Individualized Program Plan (IPP) for each qualifying individual to assure that their needs are met. They address the child’s residence, medical, educational, adaptive functioning, social, pre-vocational and vocational, transportation, recreational and other needs as identified. In some cases, after identifying the need, the Regional Center will fund services to meet that need, or will identify a community agency (such as a school) that has the responsibility to meet that need. Regional Center caseworkers provide oversight for all service delivery, to assure adequate services are delivered to the child. The IPP is reviewed every three years in a comprehensive manner, and annually for oversight and review.

A complete listing of the Regional Centers can be found in Appendix B and at: <http://www.dds.ca.gov/rc/rclist.cfm>

MENTAL RETARDATION

Definition: Mental retardation is a condition that makes it difficult to learn, recall and master information.

Mental Retardation is defined in the Diagnostic Standards Manual IV as:

“...characterized by significantly subaverage intellectual functioning (an IQ of approximately 70 or below) with onset before age 18 years and concurrent deficits or disabilities in adaptive functioning. The adaptive skill areas (of in at least two of which there is a significant limitation) are: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety.”

There are five levels based on IQ. Overall, most individuals with mental retardation fall into the upper ranges of disability, and the smallest minority within the more severe ranges.

IQ is only one of several factors required to diagnose mental retardation. Because IQ tests may have a cultural bias, some perform under their actual abilities. Looking at IQ scores over time can provide the best picture of the individual's abilities and strengths.

Category of Mental Retardation	I.Q. Range	% Representation within the Population
Borderline	70-85	85%
Mild	55-69	
Moderate 10	40-54	10%
Severe 3-4	21-39	3-4%
Profound 1-2	5-20*	1-2%

* A measured I.Q. of five is the minimum score, accounting for the individual's abilities to sustain basic human functions of breathing, swallowing and other functions that sustain life.

LEARNING DISABILITIES

Learning disorders are defined in the DSM-IV as performance on standardized academic tests that is substantially below that expected for age, schooling and level of intelligence in the areas of reading, mathematics or written expression.

COMMUNICATION DISABILITIES

Communications disorders are defined in the DSM-IV as substantially substandard performance on individually administered standardized tests. These tests measure and can identify Expressive Language Disorder, Receptive Language Disorder, Mixed Expressive-Receptive Language Disorder and Phonological Disorder (where the sounds produced in speech are not consistent with expectations for the child's age, education, intellectual level or culture).

AUTISM SPECTRUM DISORDERS

The recognition and understanding of the spectrum of autistic disorders has recently grown dramatically.

The DSM-IV describes the essential features and origin of autism. It states that *“the essential features of Autistic Disorder are the presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests.”*

Here is a quick summary of some major features of the condition.

- Cause: Unknown
- Cure: None
- Spectrum (from Asperger's, ADD to Schizophrenia)
- Diagnosed by age 5, usually by age 3
- Language may be extremely limited, not related to the topic at hand or extensive
- Social interactions typified by objectification
- IQ's range from severe disability to very bright
- Standard Treatment: Behavioral rehearsal; Behavior Modification and 1:1 assistance
- Common behaviors may or may not be present
- Rocking, vocalizing (grunts, tics, humming)
- Hand wringing
- Hyperactive, fidgety
- Dislike eye contact
- Interactional synchrony (may have a delayed response to your words or actions)
- Touch toxic (may experience touch as extremely unpleasant)
- Require sameness in environment (furniture placement, for example)
- Require explicit and repeated instruction and information transfers
- May require concrete demonstrations

EPILEPSY

This definition is found on the Epilepsy Foundation's website, <http://www.epilepsyfoundation.org/answerplace/About-Epilepsy.cfm>.

“Epilepsy is a neurological condition that makes people susceptible to seizures. A seizure is a change in sensation, awareness, or behavior brought about by a brief electrical disturbance in the brain.”

“Seizures vary from a momentary disruption of the senses, to short periods of unconsciousness or staring spells, to convulsions. Some people have just one type of seizure. Others have more than one type. Although they look different, all seizures are caused by the same thing: a sudden change in how the cells of the brain send electrical signals to each other.”

TOURETTE'S SYNDROME

This is a neurological condition in which both multiple motor and one or more vocal tics are present at the same time. A tic is a sudden, rapid, recurrent, stereotyped motor movement or vocalization. For a diagnosis, the frequency of tics is a principal criterion. In most cases, the condition causes marked distress or significant impairment in social, occupational, or other important areas of functioning.

The onset is usually before age 18 years. There is a relationship between Tourette's and other disorders such as Obsessive-Compulsive Disorder and ADD/ADHD. The involuntary verbal tics that accompany this Syndrome often include socially inappropriate words or phrases. These are difficult to control, and can cause a great deal of stress to the child and the family.

Responders should be aware of this condition in order to distinguish it from voluntary aberrant behavior or behavior caused by alcoholic or other substances.

CEREBRAL PALSY

According to the website of the Cerebral Palsy Program at the Alfred I. Dupont Institute in Wilmington, Delaware, "*cerebral palsy is diagnosed when developmental milestones as well as physical findings that might include abnormal muscle tone, abnormal movements, abnormal reflexes and persistent infantile reflexes are present... Most children with cerebral palsy can be diagnosed by the age of 18 months.*"

DEAF AND HARD OF HEARING

Some children benefit from the use of hearing aids or a cochlear implant. Others, depending on age, may benefit from utilizing real-time captioning services. Some children may not want to use their devices, and their preference should be respected. Other children may use American Sign Language (ASL) to communicate.

What is American Sign Language?

ASL is the 3rd most widely used language in the United States. It is a distinct visual-gestural-kinesthetic language. While it borrows elements from spoken English and old French sign language, it has its own unique grammatical, lexical and linguistic features. It is not English on the hands. Because ASL is not English, educators have developed a number of signed codes which use ASL vocabulary items, modify them to match English vocabulary, and put them together according to English grammatical rules. These codes have various names including Signed Exact English (SEE) and Manual Coded English (MCE). Additionally, when native speakers of English and native users of ASL try to communicate, the "language" that results is a mixture of both English and ASL vocabulary and grammar. This is referred to as PSE, Pidgin Signed English.

The Limitations of Lip-Reading

Deaf children's ability to lip read is very limited. Its effectiveness is dependent on their age, their amount of speech training and their ability. Even the most adept adult lip-readers are only able to capture approximately 30% of what is on the mouth; the rest is filled in with subject matter (context) and closure skills (which a child is still developing). Try looking at someone and say: "mop, bop and pop," or "that man is crazy," or "that man is racing. If the child knows ASL or a sign system, every effort should be made to obtain a qualified sign language interpreter for the interview. The responder must be sure that an interpreter is made available whose skills match the child's language.

Using a Sign Language Interpreter

Using a family member, friend, neighbor or teacher as an interpreter will depend on the allegation. Often, it is not the best option. The importance of having a contract or Memorandum of Understanding (MOU) in place with an ASL Interpreter Agency for emergency and non-emergency situations cannot be over-emphasized. Having a MOU that details procedures for timely response should enable the responder to conduct the interview within an hour instead of waiting several hours and possibly days to fulfill the request for a qualified interpreter. Several states have legislation requiring specific levels of skill to interpret conversations with law enforcement [CA EC §754 (j) and (k)]. Sign Language Interpreters can often meet the first responder wherever they are needed, providing the scene is contained and there is no danger to the interpreter.

When working together, the Sign Language Interpreter should be behind you and slightly to the side of you so the child can see both of you. Do not talk to the interpreter or ask the interpreter's opinion. The interpreter will interpret everything you say, so if you need to have a conversation with another interviewer, leave the room and be sure the interpreter leaves as well. Make sure the child is told why people are leaving the interview area and when they will return. View the interpreter as a tool for your interview.

Finding the Right Interpreter

For deaf children, the use of a Certified Deaf Interpreter (CDI) may assist in understanding gestural communication. A CDI should be considered when someone states a deaf child is non-verbal, has limited language, or if the interpreter seems to be struggling to understand the child. There are instances when a certified interpreter isn't qualified to provide the service that is needed. This doesn't mean that the interpreter is a bad interpreter and should never be utilized. It usually means they simply do not understand the interviewee's sign language or method of communication.

The Lighting

Lighting is critical for deaf and hard of hearing children to be able to see facial expressions, sign language, and lip-reading. Neither the responder nor interpreter should sit in front of a window as glare effects the child's ability to concentrate on the communication.

NOTES

Additional Concerns

Approximately 90% of deaf children have hearing parents and approximately 20% know sign language; usually it is the mother. Thus, some parents cannot effectively communicate with their own children. The risks for child abuse and neglect are extremely high for this population of children. There is also the potential for “communication abuse” in which no language or limited language is provided to the child.

For deaf and hard of hearing children, the investigator should find out if the child is in a “total communication” or “oral” classroom and if they are mainstreamed or in a Special Day Class. You may need to contact the School or Special Education Teacher or a local Deaf Service Agency. You should not utilize school interpreters unless they possess the necessary skills or vocabulary for law enforcement interpreting. To do otherwise could jeopardize the statements/story from the child.

It is also important to know if the child is familiar with the vocabulary you plan to use. As usual, use vocabulary appropriate for the age of the child. You should meet with the interpreter to discuss what questions you will ask as there are some English concepts or words for which there is not one sign. For example: Did the perpetrator use a weapon? In ASL the sign for weapon is a compound sign which may list examples, so it may be interpreted as knife, gun, etc.

If you are looking for specifics such as a bat or a stick or a shoe, you may need to ask a more generic question, such as “did the perpetrator use something to hit you?” and then choose to add certain items. Also, when asking “when” questions, it is best to supply the options, such as the day of the week. For example, “When do mom and dad visit you?” may need to be changed to, “Do mom and dad visit you on Sunday, Monday, Tuesday, Wednesday, Thursday, Friday or Saturday?”

A child using a hearing aid or a cochlear implant may need you to speak a bit louder, or you may need to obtain an assistive listening device system (ALDS) for the interview. Obviously, this is a different accommodation than that used for communicating with other deaf or hard of hearing children.

Determining the child’s type and level of disability for deaf and hard of hearing children is not easily achieved as there are multiple factors that affect hearing loss. Deaf children with deaf parents usually do not have difficulty communicating through sign language. Deaf children with hearing parents usually have the most difficulty with communication as it is dependent on how the hearing parents view deafness, their communication approach and their educational choices.

MENTAL ILLNESS

A mental illness is a psychological condition that affects the individual’s thinking, feelings, moods, ability to relate to others, as well as their ability to carry out the usual activities of daily living typical of their age peers.

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These conditions can begin in early childhood, and most are the result of neurological or neurochemical functions in the brain that interrupt the child's ability to accurately perceive reality. Alternative realities may exist, including hallucinations (seeing things that others do not see or are not there) and delusions (beliefs in ideologies including persecution and grandeur). The hallucinations may be auditory or visual or both. Although medications and psychological treatment can help, many of these conditions persist over an affected person's lifetime.

Bi-Polar Disorder (Manic-Depressive Disorder)

Individuals with this disorder may feel elated, energized, creative and happy for a period of time and at other times severely depressed, immobilized and possibly suicidal. These variations can occur within a day, or over a period of weeks or months. This condition is treatable with medication. During either phase the individual can be out-of-touch with reality (psychotic) and may endanger themselves or others around them.

Major Depression

Individuals with this condition feel depressed most of the time. Recently identified in children, some children's hospitals have become adept at combining medication with therapy for these children. Major depression is viewed as a medical condition, although environmental factors may affect the child's mood, for better or worse. Depression plays a significant role in Post Traumatic Stress Disorder.

Post Traumatic Stress Disorder (PTSD)

This condition is a reaction to a significant stressor and is often present over a long period of time. A related condition, Acute Stress Disorder (ASD), is similar but usually ends within six months. Bereavement and grief reaction is usually included in ASD. With PTSD, the onset usually follows an event outside the realm of normal human experience, and can affect all areas of the individual's life including sleep patterns, ability to concentrate, ability to learn, ability to carry out normal daily activities, eating patterns, and social interaction, among others. Typical symptoms include flashbacks or re-living the traumatic event. Changes in mood (irritability), personality (withdrawn rather than extroverted), energy level and other symptoms are often present. Although treatment is available, many experience symptoms for years, particularly before and after the anniversary date of the trauma.

These represent the main conditions of mental illness that an interviewer is likely to encounter, but not the only ones. There are many types of mental disability.

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TRANSCRIPTION OF “**VICTIMS WITH DISABILITIES: THE FORENSIC INTERVIEW**”

Below is a short transcription from a recently completed video on conducting an interview with victims with disabilities. This section features Dina Garcia, Staff Systems Change Advocate at Westside Independent Living Center.

“Take that out. Take that out. I didn’t do that. I’m a good driver. A lot of people have their own prejudged expectations, Which I’m sure we all do. We all (inaudible) think we know someone until we actually sit down and talk to them. A lot of people look at me and see my wheelchair and think that, or hear, that when I open my mouth, I’m going to be hard to understand.

So they assume that since I’m hard to understand I obviously don’t know what I’m talking about. Which is probably true! But not because of my speech, because of the topic. Yeah, I encounter that in my personal life every day.”

Note: This clip transcription was provided to aid you in understanding the speaker while the video is played. The purpose of showing this clip is to demonstrate that people with speech production disabilities often have no intellectual disability.

NOTES

MODULE HIGHLIGHTS

[illegible]



MODULE 4

The Legal System and Disabilities

THIS SEGMENT WILL REVIEW NEW LEGISLATION AND DISCUSS HOW TO BUILD CASES IN LIGHT OF CRAWFORD V. WASHINGTON. IT IS NOT INTENDED TO COVER EVERY CRIME A FIRST RESPONDER ENCOUNTERS AS SUCH INFORMATION IS AVAILABLE IN OTHER COURSES.

Learning Objectives:

- Become familiar with case building in light of Crawford v. Washington
- Become familiar with recently enacted laws affecting children with disabilities who have been abused

SUPPORTING MATERIALS

- PowerPoint Slides 51 – 71 (pp. 141 - 151)
- Legal Quiz
- Legislative Update 2005

1. Which of the following is a mandated reporter of child abuse?
 - a. Parents
 - b. Judges
 - c. Court appointed special advocates (CASA) and in-home support providers
 - d. Family Law Attorneys
2. The special procedures now available for dependent persons apply to children of any age.
 - a. True
 - b. False
3. When a child with severe disabilities turns 18 their parents retain legal guardianship to meet the child's legal, medical, and other needs.
 - a. True
 - b. False
4. Certain legal duties to sexual assault victims that apply to adults also apply to children with disabilities. Which of the following is not a legal duty owed to all victims, including children with disabilities?
 - a. Medical treatment when needed
 - b. Victim compensation information
 - c. Support person during formal interviews and forensic medical examination
 - d. Duty to provide an interpreter within 24 hours
5. Law enforcement agencies are required to comply with mandates under the Americans with Disabilities Act by 2010.
 - a. True
 - b. False
6. The Americans with Disabilities Act requires that all law enforcement activities, programs, services, written documents, building and facilities be accessible to individuals with disabilities equal to that of persons without disabilities.
 - a. True
 - b. False
7. Law enforcement personnel must code or indicate that the crime victim is a person with a disability.
 - a. True
 - b. False
8. Under Crawford v. Washington, the use of a victim statement in court is greatly limited.
 - a. True
 - b. False
9. After the decision in Crawford v. Washington, which of these statements is accurate?
 - a. Spontaneous statements are no longer admissible
 - b. Applies to statements made by crime victims to anyone
 - c. Statements to medical personnel for treatment are admissible
 - d. Only applies to adult victims
10. Law enforcement is mandated to cross report to which of the following agencies:
 - a. Regional Centers for those individuals with developmental disabilities
 - b. Child Protective Services
 - c. Protection and Advocacy
 - d. All of the above
11. Child Protective Services is mandated to cross report to which of the following agencies:
 - a. Regional Centers
 - b. Child Advocacy Center
 - c. Probation
 - d. Protection and Advocacy Services
 - e. Law Enforcement

LEGISLATIVE UPDATE 2005
DEPENDENT PERSON

1. New term and definition “Dependent Person.” (Amending Evidence Code 177)

- a. Creates a new category for purposes of the Evidence Code of “dependent persons” defined as “any person who has a physical or mental impairment that substantially restricts his or her ability to carry out normal activities or to protect his or her rights, included, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have significantly diminished because of age.”
- b. Note that this definition applies to adults and minors and incorporates the elements of the definition for “dependent adults” in PC 368.

2. “Dependent Persons” may promise to tell the truth rather than taking an oath to testify truthfully. (Amending Evidence Code 710)

Dependent persons as defined in new statute, Evidence Code 177, may promise to tell the truth rather than taking a formal oath or affirmation when giving testimony. The statute already covered children under 10.

3. Leading Questions may be used when questioning a dependent person with a substantial cognitive impairment. (Amending Evidence Code 767)

A court may permit a “dependent person” (as defined in Evidence Code 177) with a substantial cognitive impairment as well as children under 10 years of age to be questioned on direct examination using leading questions in cases of elder and dependent adult abuse (PC 368), acts described in PC 11165.1 (PC 261, 261.5(d), 264.1, 285, 286, 288a, 288(a), 288(b), 288(c)(1), 289, 647.6), and 288.5, 273a or 273d.

4. Evidence of Prior Conduct to Show Propensity to Commit Certain Acts is expanded to include dependent persons and sexual assault of an elder or dependent person. Covered relationships for domestic violence expanded. (Amending Evidence Code 1109)

- a. Evidence Code 1109 permitting receipt of prior bad acts to show propensity for conduct is expanded to apply to dependent persons (as defined in Evidence Code 177) and also includes acts of sexual assault committed against an elder or dependent person.
- b. Propensity evidence under Evidence Code 1109 in domestic violence is expanded to include prior acts against a defendant’s child or family members related by blood and marriage within the second degree as defined in Family Code 6211. See graph on next page:

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Relationships between Penal Code and Family Code

This graph shows the similarities and differences between these two codes on important issues that may affect victims with disabilities.

Penal Code 13700 Relationships	Family Code 6211 Relationships
Current and former spouse	Same relationships as 13700
Current and former (intimate) cohabitant	Child of a party
Co-parent	Child subject to paternity action
Current and former dating relationship	Household member within last 6 months
Current and former engagement relationship	Consanguinity and affinity within second degree including
	- Parents and grandparents - Siblings - Children and grandchildren - In-laws - Step-relations
10 year limit unless court finds good cause	5 year limit

- c. If evidence of physical child abuse or abuse against a relative not a current or former spouse or cohabitant, date, or engaged party (relationships in Penal Code 13700), the court must conduct a hearing to weigh probative versus prejudicial effect before admitting the evidence.

5. Court has duty to protect testifying “Dependent Persons” from harassment, embarrassment, and unnecessary repetitive questioning. (Amending Evidence Code 765)

The court has a duty to protect dependent persons with substantial cognitive impairments from harassment, embarrassment, and repetitive questioning when testifying. The court also must assure that questions are appropriate for the dependent person’s cognitive level. A “dependent person” is “any person who has a physical or mental impairment that substantially restricts his or her ability to carry out normal activities or to protect his or her rights, included, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have significantly diminished because of age.” (Evidence Code 177)

6. Dependent person’s testimony at the preliminary hearing can be closed to the public in certain kinds of cases. (Amending Penal Code 859.1)

- a. The preliminary hearing may be closed to the public during the preliminary hearing testimony of a dependent person with a substantial cognitive impairment in a domestic violence, sexual assault, and physical child abuse case.

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- b. “Dependent person” is defined in Penal Code 288 as “any person who has a physical or mental impairment that substantially restricts his or her ability to carry out normal activities or protect his or her rights, including but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have significantly diminished because of age. ‘Dependent person includes any person admitted as an in patient to a 24-hour health facility, as defined in Section 1250, 1250.2, and 1250.3 of the Health and Safety Code.’”

7. Preliminary hearing may be closed in sexual assault cases where dependent person with a substantial cognitive impairment could suffer psychological harm. (Amending Penal Code 868.7)

- a. The preliminary hearing may be closed to the public in sexual assault cases where testimony is by a dependent person with a substantial cognitive impairment who is likely to suffer psychological harm if the court hearing is not closed and other alternatives are not available.
- b. “Dependent person with a substantial cognitive impairment” is defined in Penal Code 288(f)(3).

8. Preliminary hearing may be delayed one day for a dependent person to accommodate special needs. (Amending Penal Code 861.5)

The preliminary hearing may be continued one court day to accommodate the special physical, emotional, and/or needs of dependent persons. “Dependent person” is defined in Penal Code 288 as “any person who has a physical or mental impairment that substantially restricts his or her ability to carry out normal activities or protect his or her rights, including but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have significantly diminished because of age. ‘Dependent person includes any person admitted as an in patient to a 24-hour health facility, as defined in Section 1250, 1250.2, and 1250.3 of the Health and Safety Code.’”

9. Fact that a crime was committed against dependent persons is a factor in aggravation for sentencing. (Amending Penal Code 502.9, 515, and 525)

- a. PC 288 defines a “dependent person” as “any person who has a physical or mental impairment that substantially restricts his or her ability to carry out normal activities or protect his or her rights, including but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have significantly diminished because of age. ‘Dependent person includes any person admitted as an inpatient to a 24-hour health facility, as defined in Section 1250, 1250.2, and 1250.3 of the Health and Safety Code.’”
- b. In sentencing a person for embezzlement, the fact that the victim is a dependent person as defined in Penal Code 288 is a factor in aggravation. (Penal Code 515)

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- c. In sentencing a person for extortion, the fact that the victim is a dependent person as defined in Penal Code 288 is a factor in aggravation. (Penal Code 525)

10. Dependent persons are entitled to have a support person when testifying at grand jury in certain cases (Amending Penal Code 939.21)

Dependent persons may, at the discretion of the prosecutor, have a support person present with them at a grand jury proceeding in cases of sexual assault, child abuse, and dependent adult abuse (Penal Code 368). The foreperson of the grand jury must admonish the support person that the proceedings are confidential and cannot be discussed with persons outside the grand jury and to not sway, prompt, or influence the witness. The foreperson can remove a support person who is believed to be prompting, influencing, or swaying a witness.

Children

1. Child Abuse Reporting Laws Updated. (Amending and/or Renumbering Penal Code Sections 11165.3 to 11174.31)

- A. Former language “willful cruelty or unjustifiable punishment” is changed to “the willful harming or injuring of a child or the endangering of the person or health of a child.”
- b. Additional mandated reporters of child abuse are persons providing in-home support to a child; and Court Appointed Special Advocates (CASA) volunteers. If a mandated reporter intentionally conceals their failure to report, the failure to report is a continuing offense until the offense is discovered by a county probation department, county welfare department or law enforcement agency (Penal Code 11166(b)). A mandated reporter who knows or reasonably suspects that the home or institution in which a child lives is unsuitable because of abuse or neglect is required to report as usual to child protective services or the police; in addition, they must notify the agency which issues the license for the operation of the home or institution.
- c. Extends civil and criminal immunity for mandated reporters for reports based on knowledge or reasonable suspicion acquired outside the scope of his/her employment and professional capacity.
- d. Redefines what is a “substantiated report” from a “some credible evidence” standard to “evidence that makes it more likely than not that child abuse or neglect occurred.”
- e. Mental suffering or emotional damage that may be reported by mandated reporters is defined as “when a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage evidenced by states of being or behavior, including, but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior.” (Penal Code 11166.05)

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- f. Renumbers the sections for child death review teams and creates a new article for “Child Death Review Teams” in Penal Code 11174.32-11174.35.
- g. Requires the Department of Justice to make available to law enforcement, county probation, and county welfare agencies conducting a child abuse investigation information from the state child abuse central index. Requires the Department of Justice to make available to law enforcement information from the index relevant to an applicant for law enforcement employment.

2. Duties of Child Abuse Citizen Review Panels now in compliance with federal law. (Enacting Welfare and Institutions Code 18973)

- a. California is now in compliance with federal law by specifying the purpose, composition and duty of confidentiality of Child Abuse Citizen Review Panels. Such panels are to examine the policies, procedures, and practices of state and local agencies, and specific cases, and to evaluate the extent to which agencies are effectively discharging their duties. Violations of confidentiality of information about specific cases are punishable by a fine not to exceed \$500.
- b. Panels may continue to release information without specific identifying information about a case to provide the public, county child welfare agencies, and local boards of supervisors concerning findings, progress, and recommendations. Panels are encouraged to obtain information without specific identifying information.

Court Orders

The court is required to consider if failing to make certain orders would jeopardize the safety of a petitioner or children. (Amending Family Code 6340 and 6341)

Courts considering whether to issue orders enjoining a party from contacting, molesting, attacking, striking, stalking, threatening, sexually assaulting, or engaging in specific conduct; child support, and spousal support orders must consider if the failure to make any of those orders would jeopardize the safety of the petitioner or the children, including safety concerns related to financial needs. Covered relationships now include registered domestic partners as well as married parties and other intimate and familial relationships. The Judicial Council is required to amend its forms accordingly. (AB 2148)

Criminal Procedure

1. Confidentiality of personal information of a victim or witness must be protected in court records. (Enacting Penal Code 964)

- a. DA and court must establish mutually agreeable procedures to assure the confidentiality of personal information of any victim or witness submitted in a police report by a prosecutor to support a complaint, indictment, or information or submitted by a prosecutor or law enforcement officer in support of

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an arrest or search warrant. Such information must be redacted from court documents.

- b. Confidential information includes address, phone number, driver's license or identification card number, social security number, date of birth, place of employment, employee ID number, mother's maiden name, bank account numbers, and credit card numbers. This section does not change the rules of discovery so the defense must still be provided identifying information on discovery.

2. Jury Instruction to assist jury in assessing testimony of a person with a developmental disability, or cognitive, mental, or communication impairment created. (Amending Penal Code 1127g)

- a. Upon request of a party in a criminal case where a person with a developmental disability, or cognitive, mental, or communication impairment testifies as a witness, the court shall instruct as follows:
- b. "In evaluating the testimony of a person with a developmental disability, or cognitive, mental, or communication impairment, you should consider all of the factors surrounding the person's testimony, including their level of cognitive development. Although, because of his or her level of cognitive development, a person with a developmental disability, or cognitive, mental, or communication impairment may perform differently as a witness, that does not mean that a person with a developmental disability, or cognitive, mental, or communication impairment is any more or less credible a witness than another witness. You should not discount or distrust the testimony of a person with a developmental disability, or cognitive, mental, or communication impairment because he or she is a person with a developmental disability, or cognitive, mental, or communication impairment."

Victim Rights

1. Victim impact statements now may be submitted in CD ROM and DVD Formats. (Amending Penal Code 1191.15; 3043.2)

- a. Victims, their next of kin, or their immediate family may now submit victim impact statements describing to the sentencing court their thoughts about the crime, the responsible party, and the need for restitution in CD ROM and DVD format in addition to written, audio and videotaped, and verbal formats.
- b. Victims, their next of kin, or their immediate family may now submit their views and statements to the Bureau of Prison Terms on CD ROM and DVD format in addition to written, audio and videotaped, and verbal formats.

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2. Defendants must file updated financial statements 120 days before end of probation if full payment not yet made; making of a false statement is a newly enacted misdemeanor. (Amending Penal Code 1202.4)

- a. Defendants who are on probation or a conditional sentence (as defined in Penal Code 1203(a)) that have not completed payment of restitution must prepare an updated financial disclosure form 120 days before the end of probation. This disclosure, as well as the initial disclosure form completed prior to sentencing (pursuant to Section 1214), must be made available to the victim and the State Victim Compensation and Government Claims Board and must be on a Judicial Council approved form.
- b. The financial disclosure form must be filed with the Clerk of the Court no less than 90 days before the end of probation or conditional sentence. The Clerk of the court is required to notify the Victim Compensation and Government Claims Board within 90 days of the order being made, when a defendant is ordered to make restitution to the Board and periodically send a copy of the court order by bulk mail or electronic mail.
- c. Inclusion of a willfully false statement on the form is a misdemeanor unless the conduct is punishable as perjury or some other crime that provides for a greater punishment.
- d. Direct victim for purposes of restitution includes immediate surviving family of the actual victim; business, trust, corporation, governmental entity or other legal or commercial entity that is a direct victim of crime; anyone who has suffered economic loss from a crime and was the parent, grandparent, sibling, spouse, child or grandchild of the victim, lived in the household with the victim at the time of the crime, or had lived in the household for at least 2 years and was in a relationship similar to parent, grandparent, sibling, spouse, child or grandchild, is another member of the victim's family including but not limited to fiancé or fiancée and who witnessed the crime, or is the primary caretaker of a minor child.

NOTES

MODULE HIGHLIGHTS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



MODULE 5

Officer/Worker Safety Issues

THIS SEGMENT IS PRIMARILY DIRECTED AT FIRST RESPONDERS WHO HAVE LITTLE OR NO TRAINING IN SAFETY ISSUES. SINCE THE CURRICULUM'S TARGET AUDIENCE INCLUDES NON-LAW ENFORCEMENT PROFESSIONALS WHO RESPOND TO DANGEROUS SITUATIONS AND ARE OFTEN ALONE AND UNARMED, THIS SECTION HIGHLIGHTS SOURCES OF DANGER AND SAFETY SUGGESTIONS.

Learning Objectives:

- Identify sources of danger in child abuse calls in which a person has a disability
- Identify approaches to enhance safety

SUPPORTING MATERIALS

- PowerPoint Slides 72 – 78 (pp. 151 - 154)
- Article on Death of Children's Services Worker
- Sources of Danger in Child Abuse Calls

Children's Services Worker Killed

COLUMBUS, Ohio (AP) - A caseworker who asked for assignments in the city's toughest neighborhoods was stabbed to death as she interviewed a couple whose seven children had been taken away.

The father was charged with murder in Tuesday's slaying of Nancy Fitzgivens, who had spent 10 years earning her 1999 social work degree while working full time.

"Her job was so important to her because she, too, was abused as a child," said Fitzgivens' husband, Clovis Dawson. "As a caseworker she wanted to be on the front line fighting for the children."

Fitzgivens, 53, had worked for Franklin County Children Services for two years. Her husband said she knew the danger but logged long hours trying to stop family abuse. "She would always look for the good in someone," he said. "She would try to get abusers to get counseling so they could be reunited with their children."

On Tuesday, Fitzgivens went to the home of Gregory Pack, 38, and his common-law wife, Rosie Newkirk. Police said Fitzgivens was left alone with Pack, and when his wife returned a short time later, she discovered Fitzgivens' body. Police found Pack at a mental health center and arrested him. He was charged with aggravated murder. Pack's children had been put in a foster home. According to court records, the children allegedly were neglected because of the couple's drug abuse. A court file also said Pack

suffers from manic-depression and refused to stay on his medication.

Dawson said his wife often talked about the seven children in the home but never said she feared going there. "She carried a picture of one of the children - a cute little girl standing with her arms crossed - in her purse," he said.

John Saros, director of the children's agency, said safety practices will be reviewed. Under a policy that was in place even before the slaying, caseworkers can ask for someone to accompany them or request that a family come to the office for interviews.

"We have always been aware that our workers are routinely threatened in writing, over the phone and face to face," Saros said. "Whenever you are dealing with this level of family life you have the potential for danger."

"Nancy Fitzgivens is a community hero," said John Saros, director of Franklin County Children Services. "She was a very dedicated worker who was passionate about protecting children and helping families."

"Dawson hopes his wife's death will lead to a greater appreciation of the job caseworkers do throughout the country. "I hope people will support the good work that children services caseworkers across the country are doing," he said. "They, like Nancy, break the cycle of abuse and stop future generations of violence and abuse."

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SOURCES OF DANGER IN CHILD ABUSE CALLS

The following are some sources of danger that may be encountered when making child abuse calls.

Category	Source of Danger
Location	Drug house; high crime area; methamphetamine lab
Occupants of homes you must visit	Family members: fear of loss of a child; fear of arrest; fear of loss of welfare or SSI income; 3 Strikes and other career criminals; gang members; drug dealers; persons that may be intoxicated, mentally ill, delusional or violent
Environmental Factors	Child may be frightened and re-enact the abuse or attack (child with schizophrenia; child with autism who may be stressed); home may be unsafe or uninhabitable; dangerous animals on premises; weapons, explosives or drugs; child or home occupant may be suicidal/homicidal
Other	Persons at location are familiar with it and thus have a tactical advantage

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MODULE HIGHLIGHTS

[illegible]



MODULE 6

Conducting the Preliminary Investigation

THIS SEGMENT WILL SUPPLEMENT BASIC INFORMATION ON CONDUCTING THE PRELIMINARY INVESTIGATION, INCLUDING THE CRITICAL ROLE OF THE FIRST RESPONDER, DOCUMENTING THE CASE, AND EFFECTIVE CONTACT SKILLS.

Learning Objectives:

- Identify the critical role of the first responder in identifying and documenting incidents of abuse
- Highlight the need to look for other incidents of abuse
- Identify sources of evidence, including sources which serve children with certain disabilities
- Describe effective contact skills for situations in which a child who has a disability is a victim of abuse

SUPPORTING MATERIALS

- PowerPoint Slides 78 – 98 (pp. 155 - 164)
- Information Sources for Educational and Regional Center Documentation
- Criteria for Spontaneous Statement
- Ten Tips for Law Enforcement First Response to a Suspected Abuse Call for Children with Disabilities
- Effective Communication
- Working with Interpreters
- Quick Reference Guide for Briefing Interpreters

INFORMATION SOURCES FOR EDUCATION AND REGIONAL CENTER DOCUMENTATION

Individual Education Plan (IEP) Developed at School

If the child receives special education, their educational plan should be consistent with the Individuals with Disabilities Education Act (IDEA). This Federal law mandates regular meetings, plans, and experts. These are obtained through conferences where agreements with parents are documented with signatures and placed in the student's file.

The above process is used to develop an Individual Education Plan (IEP). This is a legal document that details the educational and support services that will be provided to the student. This includes an identification of all school and school-related personnel who will interact with the student for educational, transportation, medical, behavioral and therapeutic services.

Daily Notebook or Journal

For communication between home and school a notebook with daily entries prepared by the child's teacher or aide on happenings at school is often kept and sent home with the student for review by the parent. The parent makes entries to ensure that the school is aware of the child's activities, problems or other important factors.

Individual Program Plan Developed with Regional Center Personnel

If child is receiving services from a Regional Center he/she has an Individual Program Plan (IPP) with assessments, a comprehensive history, and documentation of medical examinations, etc. This will include identification of all authorized individuals who have provided services to the child, including the current case manager and prior case managers.

CRITERIA FOR SPONTANEOUS STATEMENTS

Responders have a responsibility to document spontaneous statements including information such as:

- ✓ What was said? (document the exact quote)
- ✓ Who was the speaker? (relationship to the victim)
- ✓ Who heard the statement?
- ✓ What was the demeanor of the speaker?
- ✓ What was the context of the statement?

NOTE: Even incompetent witnesses can make admissible spontaneous statements.

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TEN TIPS FOR LAW ENFORCEMENT FIRST RESPONSE TO A SUSPECTED ABUSE CALL FOR CHILDREN WITH DISABILITIES

	Action	Clarification
1.	Ask the dispatcher if the caller indicated that the child or the family members have a disability. (It is unlawful for the dispatcher or other person to directly ask if the person has a disability.)	Your immediate concern is a possible barrier to effective communication. You will call for an interpreter if the child or family is deaf, hard of hearing or has another communication disability that requires the assistance of an interpreter.
2.	Ask the dispatcher if the caller identified the disability of the child or any family member.	This will help you mentally prepare for your contact, as well as call in for experts that may be needed. Ask for general category: Who has a disability (child victim or other family member). What type of disability: Mental retardation or other cognitive disability? Mental illness? Communication disability? Physical disability? Sensory disability? Respiratory disability?
3.	Ask the family or caregiver how the disability affects the victim.	This may influence how you will approach the victim, how much space you will leave between you, how loud or soft your tone of voice, and to whom you direct your initial conversation.
4.	Ask the family or caregiver how the child typically responds to stress.	When stressed the individual may rock, grimace, hum, grind teeth, or need to stand and pace. Your familiarity with the person's style, and how to effectively respond to the stress will help during the interview.
5.	Review the Myths and Stereotypes section of the Interviewing Guidebook.	This will help you conduct a "clean" interview and avoid myths and prejudices until you have experience with children with specific disabilities.
6.	Use your standard protocol for the interview, encapsulated in the mnemonic, GREAT COP SAYS FFF! (See Below)	When you stick to your standard protocol, you can do a great job with an individual with any disability.

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7.	It is important to believe that the child can likely tell you about the abuse, using her/his communication style.	The child's communication style may not conform to our general expectations. The details of a story may not be in chronological order.. Further, the child's vocabulary may be different from the norm.
8.	Don't be afraid to be creative in your communication with the victim.	If you cannot understand the victim, ask for help from the victim to understand. Use alternative communication methods.
9.	Be patient with yourself. Allow yourself the luxury of "learning" from the child.	The child's appearance or conduct may be very new to you.
10.	Consult with a disability specialist regarding the process, content and interpretation of the interview to determine next steps to assure a solid forensic basis for prosecution.	It is best to have a disability specialist on your team and observing the interview. This expert can assist with forming the questions and interpreting the responses. Sign Language Interpreters should not serve as the disability specialist.

GREAT COP SAYS FFF!

- **Greeting**
- **Rapport**
- **Enlightenment** as to your reason for being there
- **Acknowledgement** that this may be a difficult conversation
- **Tell the child** it is time to begin talking about "what you told your mom"
- **Confront Confounding Statements**
- **Open to the needs of the child**
- **Praise the child** for participation in the interview (not any answer)
- **SAY**, "yes, yes, yes" with your body language to encourage conversation
- **Sum up** what has happened and tell child what will happen next
- **"FFF" "Feel, Felt, Found"** is a handy mnemonics:
 - I understand how you feel. I have felt like that myself. I found that when I told someone about it, I ... (felt better, got help, etc)
 - I think I understand how you feel. I've never felt exactly like that before, but I did feel scared/confused/angry. I found that when I talked to somebody about it, I felt better, and got the help I needed.

EFFECTIVE COMMUNICATION

Material in the next four sub-sections of this guide is used with permission of “Voices Ignored.” This is a video and training curriculum developed by The Center for Child and Family Studies at the University of South Carolina for the United States Department of Justice’s Office for Victims of Crime

Successful Communication

A person with developmental disabilities is entitled to the full protection of the law by participating in the legal process on equal terms with others. This can mean that special accommodations must be made for communicating with the person about what has happened.

To prepare for effective communication, you must gauge the abilities of the victim and others involved who may need help. If you do not already know the abilities, you can look for clues in speech, behavior, and response to you. Clues may include limited vocabulary, impairment in speech, hearing, or vision, and difficulty in understanding questions or in answering questions about details or sequence.

People with developmental disabilities can comprehend more than they can express verbally. They often communicate in acts rather than words, but they react in ways common to all victims of sexual assault. They can be easily frustrated and frightened by first responders, or they can be easily influenced and overly anxious to please in answering questions.

It is your responsibility as the first responder to determine what is needed to successfully communicate with the person in an interview and to get the necessary help. Assistance may require a specific device or it may mean using translators, interpreters, signers or Assistive Technology.

Confidentiality and informed consent must be explained and obtained, possibly from the closest representative.

Determining Immediate Help

Often the person will need support from a specific family member or friend who needs to come to the scene. It is important, however, not to involve anyone who may be a suspect. A victim assistant can provide support and services. The right kind of help can be determined only after you have gauged the person’s communication abilities and needs.

Tips for gathering and confirming facts

After a suitable introduction, it is best to be alone with the victim for the interview. Click on the video to learn more about suggestions for ensuring a successful interview. It is important to keep the person safe during the interview and explain that he or she will be protected and the process by which this may be done.

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Using a multidisciplinary team for investigating and handling these cases is an important method of building a case. Forensic experts, service providers, and medical examiners can help provide or corroborate facts.

Tips for Interviewing

- Simply but completely explain to the person who may have been assaulted who you are and what your purpose is.
- Let the person know that you understand nervousness and that it is not unusual.
- Don't talk down to the person and don't assume he or she can't understand you.
- Don't touch the person.
- Maintain an accepting attitude.
- Minimize distractions such as a radio or television.
- Speak directly to the person who may have been assaulted.
- Speak slowly.
- Use simple language and vocabulary that the person can understand.
- Keep sentences short and simple.
- In giving instructions or explaining anything, break it down into small and simple components. Ask for concrete descriptions.
- Use pictures, symbols, or actions to convey meaning.
- Be patient; take time and allow time.
- Don't ask "why" because it can imply blame.
- Repeat questions or rephrase simply if necessary.
- Be persistent but calm if the person doesn't comply or becomes hostile or aggressive.
- Ask both yes-no questions and open-ended questions to cross-check information.
- Use acceptable language with everyone (e.g. "person with a disability," "experiences," "conditions," "individual," or "person").

WORKING WITH INTERPRETERS

The following is an excerpt from the *Standard Practice Paper* available on the Internet of the site of the Registry of Interpreters for the Deaf (RID) (<http://www.rid.org/howto.html>). It covers the major areas of locating and working with sign language interpreters. The practices they suggest apply to working with interpreters of any kind, and can facilitate the development of an interviewer's skills in working with interpreters. RID encourages use of these papers for public distribution and advocacy.

Interpreting In Legal Settings

A qualified RID certified interpreter can bridge the communication gap between legal professionals and deaf individuals they encounter. In legal settings, clear and accurate communication among all involved parties is essential. When the legal professional and the consumer of legal services do not share a common language or communication method, a hazardous gap exists. The legal professional can jeopardize an entire legal process or proceeding by using an unqualified interpreter.

Deaf individuals appear in all kinds of legal settings and on both sides of the legal fence. Whether complainants, defendants, victims, or the accused, or simply taking care of personal business that involves legal issues, deaf individuals have the right to full and clear communication.

Who is responsible for providing interpreters?

State and local courts and administrative agencies are subject to Title II of the Americans with Disabilities Act (ADA) and other state and federal statutes. They are required to provide interpreters or other auxiliary aids and services for persons who are deaf or hard of hearing. Under Title III of the ADA, law offices are places of public accommodation that must provide interpreters when necessary to render effective communication. Neither courts nor attorneys may pass along the cost of interpreting service to the individual who is deaf, either directly or indirectly. Law offices may be entitled to an income tax credit for interpreter fees expended in compliance with the ADA.

In instances of court ordered activities, such as alcohol and drug assessment, domestic violence group sessions, and traffic school, the responsibility for providing interpreting service is not so clearly placed. The provision of interpreting services may be the responsibility of the ordering court, under Title II. Or, the agency providing the court ordered services may be responsible under their own Title III obligation. For complete information on the ADA, contact the U.S. Department of Justice, ADA Information Hotline at 1-800-514-0301 for voice or 1-800-514-0383 for TDD. ADA Technical Assistance Manuals are also available from the Department of Justice.

In addition to federal laws such as the ADA, some state and local jurisdictions may have statutory requirements relating to the use of interpreters in the legal system. Federal, state, and local statutes requiring use of interpreters may apply

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to legal situations in which deaf persons are not direct parties, but are related to the situation in some significant way. An example of this would be the deaf parent or guardian of a minor or person who is incompetent and becomes involved in a legal situation. In addition, people who are deaf may serve on juries and attorneys who are deaf may use interpreters in many job-related situations other than the courtroom.

What are the responsibilities of the interpreter?

An interpreter's first responsibility is to weigh the information regarding the circumstances judiciously to determine whether or not she/he is qualified for the particular situation. Some reasons for declining the assignment could be related to the communication mode of the deaf people involved or personal knowledge or bias in the case. Once the interpreter has accepted an assignment, he or she has the responsibility to facilitate communication accurately and impartially between the parties.

The interpreter must execute this role with total absence of bias and must maintain strict confidentiality. Whether or not communications are covered by legal privilege, the interpreter is under professional obligation to maintain confidentiality.

The professional ethics¹ of the interpreter requires that the interpreter maintain a singular role. If an interpreter in a case is asked to provide expert testimony, such as on language, deafness, or matters related to the case, or to act as advocate or consultant for any involved party, the interpreter must either decline to do so, or withdraw as an interpreter from the case. As professionals, interpreters are responsible for making arrangements in advance for compensation.

How many interpreters are needed?

Each situation requiring interpretation should be assessed to determine the number of interpreters needed. Often, because of the length or complexity of an assignment, interpreters will work in teams of two or more.³ Interpreting is more mentally and physically demanding than most people realize, and the first thing to suffer as a result of interpreter fatigue is accuracy.

Besides fatigue, there may be legal or logistical reasons to have more than one interpreter. For example, if more than one deaf individual is involved, one team of interpreters may be interpreting for a witness while a second team is at the defense table with a deaf defendant and the defense attorney. In some instances, the communication mode of an individual who is deaf may be so unique that it cannot be accessed by interpreters who are hearing. Such cases may require the use of a Certified Deaf Interpreter who is able to meet the special communication need.⁴

How do you know if an interpreter is qualified?

In the field of interpreting, as in other professions, appropriate credentials are an important indicator of an interpreter's qualifications. The RID awards certifica-

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tion to interpreters who successfully pass national tests. The tests assess not only language knowledge and communication skills, but also knowledge and judgment on issues of ethics, culture, and professionalism.

The most common RID certifications are:

CI Certificate of Interpretation
CT Certificate of Transliteration
CSC Comprehensive Skills Certification
IC Interpretation Certificate
TC Transliteration Certificate
CDI Certified Deaf Interpreter
OIC:C Oral Interpreting Certification: Comprehensive

An interpreter who obtains a CI, CT, or CSC, rigorous testing process, can obtain the SC:L - Specialist Certificate: Legal. The best choice for any legal situation is an interpreter who possesses an SC:L. Unfortunately, the supply of SC:L interpreters cannot meet the demand. If an interpreter holding the SC:L is not available, an interpreter with previously mentioned generalist certifications and training in legal interpreting should be able to provide satisfactory service.

How do you find a qualified interpreter?

You can engage a private practice interpreter directly or through an interpreter service agency that will find an interpreter to meet your needs. If you are unable to find qualified interpreters in your area, contact the national RID, who can refer you to a contact person or agency in your area. In some instances, a person who is deaf can provide names of interpreters or agencies.

What can you do in order to work effectively with an interpreter?

As you work with an interpreter, you can facilitate communication in several ways:

- Allow the interpreter to become familiar with the matter at hand through discussion of the case and provision of materials. This preparation enables the interpreter to render a more accurate interpretation.
- Realize that there are legal requirements and codes of conduct affecting interpreters in your jurisdiction.
- Recognize that the interpreter will interpret all that is said in the presence of all individuals and will not edit out anything spoken or signed as an aside or anything that is said to others in the room.
- Realize that the interpreter is bound by a professional code of ethics not to provide any information or opinions about the individual who is deaf or about the situation, except in regard to communication issues.
- Expect that the interpreter may occasionally pause to ask you for an explanation or clarification of terms in order to provide an accurate interpretation.
- Work with the interpreter to determine the best possible physical placement for all parties in the situation.
- Speak directly to the individual who is deaf rather than saying to the interpreter, "Ask him..." or "Tell her..."

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The Association believes that the only way that the legal rights of deaf people can be assured and the integrity of the legal process be safeguarded is by having qualified RID certified interpreters who have received rigorous training in legal interpreting..

RID has a series of Standard Practice Papers available upon request. Footnotes frequently reference these materials.

1 see *RID Code of Ethics*

2 see *Business Practices: Billing Considerations*

3 see *Team Interpreting*

4 see *Use of a Certified Deaf Interpreter*

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QUICK REFERENCE GUIDE FOR BRIEFING INTERPRETERS

As a first responder, you will be working either with an informal interpreter or a professional interpreter. This is to provide a quick check list to facilitate your work with them.

Family member or other informal interpreter

Tell the interpreter that while you appreciate their willingness to help, you want them to know that:

- The content of what will be said may be distressing to the interpreter.
- It is essential that they interpret precisely what is said by both parties.
- It is essential that the interpreter “stay out of this communication loop,” and only serve as an instrument to help the child and the interviewer. If the interpreter wants to provide information about some of the material, this must be after the interview with the child is completed.
- The interpreter may not change, add or delete any communication made between the child and the interviewer. The interviewer, not the interpreter is responsible to change how a question is asked, in response to the child’s response to the questions.
- If the interpreter finds that s/he is becoming too emotionally upset due to the content, it is important to immediately let the responder know to discontinue the interview.
- After the interview the responder should de-brief with the interpreter to assure the interpreter’s emotional well-being.
- Request an exact word for word translation if Signed English or other non-ASL sign language is being used.

Professional interpreter

- Inform the interpreter about the general content you plan for the interview.
- Determine if the interpreter has worked in similar settings and situations.
- Inform the interpreter that you are aware of how to work with an interpreter, and that you will not speak directly with the interpreter during the time s/he is interpreting.
- Ask the interpreter if they know this child, if they know how this child communicates. If not, ask the interpreter to work with the child briefly to determine if this or another interpreter will be able to effectively interpret.
- Learn if the interpreter will have any personal difficulty interpreting conversation about abuse, crimes, sexual crimes, or other violence.
- Discuss confidentiality issues and possible legal involvement later.

Positioning

The sign language interpreter should be positioned a bit behind and to the side of the interviewer.

Space

Sit close enough to the child so s/he can easily see you and the interpreter.

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Eye Contact

If the child does not want to look at the responder or interpreter, this should be respected, and may signal the end of the interview. The interpreter may not touch the child to attempt to force the child's attention.

Lighting

If you are seated in front of a light or a window, the child will not be able to see you or the interpreter very well.

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MODULE HIGHLIGHTS

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MODULE 7

Interviewing Children with Disabilities

THIS SEGMENT WILL PROVIDE SPECIFIC INFORMATION ON HOW A CHILD'S DISABILITY MAY AFFECT AN INTERVIEW AND WILL IDENTIFY EFFECTIVE SKILLS AND TECHNIQUES FOR THE RESPONDER TO USE.

THIS SEGMENT WILL NOT ADDRESS BASIC INTERVIEWING SKILLS INCLUDING THOSE USED WITH ALL CHILDREN.

Learning Objectives:

- Identify the communication and/or cognitive impact of the disability upon the child
- Ascertain what modifications to communication will be required
- Describe specific differences in interaction that may be required including personal space, tools, types of assistance
- List types of resource persons or materials that may be needed
- Identify how these resources can be located
- Understand legal requirements when using an interpreter in light of Proposition 115

SUPPORTING MATERIALS

- PowerPoint Slides 99 - 145 (pp. 165 - 188)
- Messages Learned by Children with Disabilities
- Characteristics of Disability that May Affect the Interview
- Key Questions and Issues for Interviewers
- Examples of Question Styles
- Considerations When Interviewing Children with Disabilities
- Summary of Contact Skills
- Thirteen Tips for Law Enforcement Forensic Interviewers

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MESSAGES LEARNED BY CHILDREN WITH DISABILITIES

- Do not get others in trouble
- Do not get angry
- Obey the rules
- Obey persons in charge
- Do not cause trouble
- Agree with people
- Do not be assertive
- Do not ask for anything
- Other people's opinions are important while yours are not

Although most children are taught similar principles, over time the children learn to challenge these as they develop skills of personal power and self-knowledge. Often, children with disabilities are not permitted to challenge these "rules," but are forced to remain compliant throughout their lifetime.

CHARACTERISTICS OF DISABILITY THAT MAY AFFECT THE INTERVIEW

Characteristic	Effects & Strategies
The concept of “rights” is generally unknown to children with developmental disabilities	Often do not make their own decisions Persons in charge of them are in total control. ⇒ First responder may need to say “ ____ (the person who is in charge of you) wants me to talk with you.”
Taught to be obedient and dependent	Reluctant to express negative feelings or a desire for change ⇒ You can ask if they would like it if “x” stopped happening.
Refusal is not usually acceptable	Unlikely to refuse to do anything you ask even if child should. Will not refuse the suspect either...
The Law is seldom understood	“Against the Law” or “illegal” may not be fully understood, but is more readily understood than “within the Law,” since “the law” is an abstract concept. Child may think that law enforcement first responder is punishing them for reporting an assault. Child may think that the presence of the first responder is a signal that they are in trouble. Children are often told by their abuser that law enforcement will take them away and break up the family if they tell about the abuse. ⇒ Tell the child that they are not in trouble and will not get in trouble by telling you what has happened to them. ⇒ Tell the child that your job is to make sure that children are safe in their homes/schools.
Body Integrity	If child requires daily care, child is used to being touched. May be unaware that sexual contact is unusual when done by a care giver. They do know that “it feels wrong,” but are also powerless to make it stop.
Abuse or Assault	Concept is unknown. Child can describe what hurts or made them feel bad.

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KEY QUESTIONS AND ISSUES FOR INTERVIEWERS

- Were there prior acts or allegations by this or other perpetrators against this victim?
- How does the suspect treat other household members and pets?
- Who did child tell first? Who did child tell at any point?
- How did that person react?
- Was child afraid to tell?
- What other kinds of abuse occurred?
- When did it occur?
- Any other victims?
- In order to determine “when,” link your questions to the child’s activities to clarify dates and times, for example “after lunch,” “before the bus arrived,” “after the Mickey Mouse show.”
- Ask the careprovider (parent, other adults in the household) about changes in activities, mood or behavior since the event or prior to the event.

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EXAMPLES OF QUESTION STYLES

<i>Open</i>	Will you please tell me what happened Thursday? What happened in the bedroom? Who was there?
<i>Directed</i>	Who was in the house at 6 o'clock? What room in the house were you in? Who was in the room?
<i>Leading</i>	Was Bob in the room? Did Uncle Bob touch you? Where did Uncle Bob touch you? Did it hurt? Where did it hurt?
<i>Yes/No</i>	Was Bob in the room with you? You were asleep? Did he wake you up? Did he touch your arm? Did he touch your chest?
<i>Simple Question</i>	Were you alone in the room with Bob?
<i>Complex Question</i>	Were you alone in the room with Bob at bedtime?
<i>Double Negative</i>	You weren't by yourself when the house wasn't locked, right?
<i>Abstract</i>	If you didn't know about Bob's nephew, would you feel the same way now? <i>(This is a hypothetical question that demands abstract thinking. Any question that begins with "if" or "what if" or "is it possible that" are abstract and to be avoided.)</i>
<i>Concrete</i>	Do you know Bob's nephew?

**CONSIDERATIONS WHEN INTERVIEWING
CHILDREN WITH DISABILITIES**

Recommendation	Benefit	Caveats	Disability types
Position yourself directly across from the child	Eases direct view of the interviewer, enhances ability to lip read, and read body language	Lip reading is only 30% effective, requires many skills	All children
Position yourself at child's level	Sets up equality in the relationship	May be awkward seating for interviewer	All children
Let the child select where to sit, then you accommodate	Allows child initial sense of respect from responder	May be too difficult for the child, as they are always told, not asked, what to do	Child with mental retardation; ADD/ADHD
Leave adequate space between you and the child	Offers sense of safety in your presence	Ask parent about personal space preferences	Autism; ADD/ADHD, Deaf, hard of hearing; Vision impaired
Avoid touching in most cases	Less touching is less risk of inadvertently distressing the child; yet touching may be needed to gain the attention of deaf or hard of hearing children	The touch could be similar to suspect's contact; child may be touch toxic	Most children with autism as well as many with other significant disabilities are averse to physical touching
Respond kindly but not enthusiastically to a child's hug	This honors the child's training, but doesn't feed into it	Hugging children not known to you increases their vulnerability overall. Be aware, child may have been trained to have affectionate behavior with anyone	Children with Down Syndrome; other children with mental retardation; deaf cultural issues

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Allow the child to establish eye contact with you. Do not force eye contact	Child feels more at ease when eye contact is not demanded	Eye contact is not pleasant or possible with some children	Children from some cultures unlike ours; Children with disabilities with sensory issues, such as autism, Deaf and hard of hearing
Voice tones. Loud voice may be necessary	May help child who is hard of hearing	Could distort words for those who are lip reading; too loud for those using hearing aids	Deaf, hard of hearing
Use age appropriate language	Allows for top performance	You may have to rephrase when the child does not understand	All children
Use natural or lamp lighting	Reduces or eliminates distress from lighting	Lighting can be distressing or painful, fluorescent lights in particular; Inadequate lighting difficult for those with vision and hearing disabilities	Autism; those with vision problems and light sensitivities, Deaf and hard of hearing
Sit away from a window or light source	Child can see you well	Light may cause child to be unable to see you well	Deaf and hard of hearing children; children who are blind or have vision disabilities; children with autism
Reduce distractions such as noise (p.a. systems), foot traffic, visual interferences, and other issues that can interfere (radio, cell phone, beeper, etc)	Child will be able to focus on the interviewer and the interview	None	All children

SUMMARY OF CONTACT SKILLS

- Review information on the child's specific disability.
- Position yourself across from the child.
- While some children lip read, only 30% of words can be read accurately.
- Position yourself at the child's level.
- Consider letting the child decide where to sit and then get to that level.
- Personal space may be different for a child with a disability.
- Do not touch the person unless the child initiates the contact.
- May be "touch toxic"
- Eye contact generally helpful, but essential for deaf and hard of hearing children.
- Forcing a child to look at you could be traumatic if the abuser also did so.
- Speak in a normal voice in most cases but not all.
- Yelling or speaking extremely loudly may distort words for those lip reading.
- Raising your voice (to be sure you are heard or understood) may frighten the child.
- Some children who are hard of hearing or have cochlear implants may hear you better if you increase your vocal volume.

THIRTEEN TIPS FOR LAW ENFORCEMENT FORENSIC INTERVIEWERS

	Action	Clarification
1.	Identify the disability(ies) of the interviewee, be familiar with the characteristics of the disability and in particular, typical responses to stress.	You want to know if the person has only a speech production difficulty, or a language disability, mental retardation, mental illness, or a physical disability.
2.	Prepare the room for the interview to best accommodate the needs of the subject.	You want plenty of space with no distracting noises or objects in the room. It should allow both for privacy and observation by those on your MDIT.
3.	Prior to the interview you have learned the communication differences used by the subject, including need for an interpreter. If an interpreter is required, a Nationally Certified interpreter should be hired.	When the interpreter is present, the seating must be arranged so the client and interviewer can easily see each other, and the client can see the interpreter. Use the standard protocol for working with an interpreter.

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4.	Prior to the interview a consultation with someone familiar with the subject may be conducted to learn his/her specific individual idiosyncrasies due to personality, disability and reaction to the trauma.	When stressed the individual may rock, grimace, hum, grind teeth, need to stand and pace. Your familiarity with the person's style, and how to effectively respond to the stress will help greatly during the interview.
5.	Review the Myths and Stereotypes section of the Interviewing Guidebook.	This will help you conduct a "clean" interview and avoid myths and prejudices until you have experience with children with specific disabilities.
6.	Use your standard protocol for the interview, encapsulated in the mnemonic, GREAT COP SAYS FFF!	When you stick to your standard protocol, you can do a great job with an individual with any disability.
7.	The child can likely tell about the abuse, using her/his communication style.	The child's communication style may not conform to general expectations. The details of a story may not be in chronological order. Further, the child's vocabulary may be different from the norm.
8.	If the subject uses medication (such as for epilepsy, ADHD, schizophrenia) make sure prior to beginning the interview that she/he has been adequately medicated.	Sometimes the careprovider may have suspended medication for their own reason (even to make the person look worse or better than they really are). The withholding of medication is also considered abusive/neglect and the caretaker/parent should be questioned for their reasons and appropriate action should be taken.
9.	When indicators of stress begin say that perhaps it is time to take a break. It is not necessary to verbally note the subject's change in behavior.	For example, the subject may begin to rock, hum, fidget, lose attention. Taking a break may be to: stop the conversation, change the topic to one that is non-toxic, or end the interview and reschedule.
10	Make sure you have created an atmosphere that facilitates a sense of safety: a. No more than one interviewer, although an interpreter may be included. b. Rarely permit a family member to be present or serve as the interpreter c. The room should feel warm, not overly busy, and quiet. Others cannot be viewed by those in the room.	Creating a safe environment includes the whole building, as well as the room. It also includes the transfer from one room to another, and introductions to the people who will be interviewing. One's apparel (uniform) can be comforting or frightening. And most important, the interviewer's comfort or discomfort will be quickly noted and understood by the subject, so try to be as confident and at ease as possible.

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11	Only conduct the interview in the context of a Multi Disciplinary Team or Center, to relieve the problem of multiple interviews.	Enough said!
12	Consult with a disability specialist regarding the process, content and interpretation of the interview to determine next steps to assure a solid forensic basis for prosecution.	It is best to have a disability specialist on your team and observing the interview, to assist both with interpretation of responses as well as forming the questions asked.
13	Show respect to the child	It is important to show respect at all times to the child; this may include respecting their decision to “not talk,” their preferred mode of communication and not being condescending due their disability.

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MODULE HIGHLIGHTS

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MODULE 8

The Benefits of a Multidisciplinary Response and Conclusion

THIS SEGMENT WILL HIGHLIGHT THE BENEFITS OF WORKING WITH OTHER DISCIPLINES AND PROFESSIONALS TO LOCATE AND SECURE RELEVANT EVIDENCE AND MEET THE NEEDS OF CHILDREN WITH DISABILITIES WHO ARE VICTIMS OF ABUSE.

Learning Objectives:

- Recognize that cases are complex and require the involvement of professionals and disciplines from a variety of disciplines
- Highlight that law enforcement and child protective service workers are critical in protecting children with disabilities and holding their offenders accountable
- Determine if student's goals for training have been met, based on lists created at the beginning of the day

SUPPORTING MATERIALS

- PowerPoint Slides 146 - 150 (pp. 188 - 190)
- Multidisciplinary Team – Agency List

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MULTIDISCIPLINARY TEAM: AGENCY LIST

The following represent some of the courts, agencies and organizations with an involvement in child abuse victims with disabilities.

Courts: Criminal, Civil, Family, Juvenile, CASAs

Criminal Justice System: Law Enforcement, Victims' Services, Probation, Parole

Social Services: Social Security, Temporary Aid to Needy Families, Child Protective Services

Disability Services: Regional Centers, Developmental Centers, Interpreters, Protection and Advocacy, Inc., Disability specific agencies i.e. Braille Institute, Cerebral Palsy Foundation, Ability First, Deaf Service Agencies, etc.

Educational Services: District Special Educational programs, non-public schools

Residential Services: Group homes, foster homes

Health Services: Clinics, hospitals, mental health, private practitioners

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MODULE HIGHLIGHTS

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SUPPLEMENTAL MATERIALS

NOTE: THE FOLLOWING MATERIAL IS CONSIDERED ESSENTIAL LEARNING FOR WORKING WITH CHILDREN. DUE TO TIME CONSTRAINTS, IT IS NOT POSSIBLE IN A ONE DAY SEMINAR TO INCLUDE INFORMATION THAT PERTAINS TO ALL CHILDREN, AS OUR FOCUS IS EXCLUSIVELY THE PARTICULAR NEEDS OF CHILDREN WITH DISABILITIES. HOWEVER, ALL CHILDREN SHARE CHARACTERISTICS THAT DIFFER FROM THE ADULT POPULATION. THESE MATERIALS ARE OFFERED FOR RESPONDERS TO REFRESH THEIR KNOWLEDGE ON THESE TOPICS.

List of Supplemental Materials:

- Child and Adolescent Development
- Child Sexual Abuse Accommodation Syndrome
- List of Regional Centers in California
- Resource List from Los Angeles City Department on Disability
- Three items from “CALCASA: Improving Access,” reprinted with written permission from CALCASA.
 1. Suggestions for improving Cultural Accessibility
 2. Suggestions for improving Physical Accessibility
 3. Key Terms and Definitions of Disability

When interviewing child and adolescent victims of abuse, an understanding and application of the principles of child development is critical to a successful interview. While some of the issues of development may be different with child abuse victims who have disabilities, many will be the same. The following are some basic principles of child and adolescent development which may affect the interview process.

Child Development – All children are different. While the following principles have application to all children, there is uniqueness in how they manifest in different children. To try to give a chronological age when children are likely to be affected in a specific way would defeat the concept that child development is flexible based on the individual child, environmental factors, and the fact a child will regress when there has been trauma. All of this information should serve as background for the interviewer.

Unevenness of development – There is an unevenness of development across the population of children as well as within the individual child.

- Across the population – Age is only a guidepost to the child's stage of development. All 5 year old children are not the same. To have an effective interview, the interviewer must assess each individual child before they begin the disclosure phase. Making assumptions based on a "normal" 5 year old can work against the child and interviewer.
- Within the child – There are many domains of development within each child. Yet, there is a unique "unevenness" in the development of each child. One child may be developing rapidly in physical size but lagging behind in emotional or cognitive growth. Another child may have a large vocabulary but be behind emotionally so he appears older based on his vocabulary but actually acts younger in his emotional response to events. An assessment of the individual child must always precede the disclosure phase of an interview. This is usually done in the rapport-building phase.

Egocentrism – Children are not able to take another's perspective so they believe that they are at the center of everything that happens to them. If their parents get divorced, they think it is their fault. If their dad yells at them before leaving for work and gets into an accident on the way to work, they think the accident is their fault. If they are abused, they think it is their fault because they were bad. Egocentrism makes it difficult to talk about events that children believe is their fault. Additionally, they often love the abuser, so the child is naturally reluctant to talk about the abusive behavior.

Cause and Effect – Below age five, children have not mastered the principle of cause and effect. Rather, they believe that something they did or thought caused the abuser to hurt them.

Communication and Language Skills

Most often when an adult asks a child a question, the child believes the adult knows the answer. They believe adults are omnipotent, and omniscient. Therefore they may not be comprehensive in their answers since they may believe that the adult already knows. Patience is necessary.

Children's language skills vary greatly in the first 5 to 6 years. An assessment must be made on the language skills of each child. If the child speaks in 3 to 4 word sentences, the interviewer should respond with the same number of words or slightly more in a sentence. Because of this limitation in the number of words used, a lot of meaning may be contained in a few words. The interviewer should not presume they know what the child means when few words are used. Ask clarifying questions.

Children are very literal. They respond to exactly what they hear. The question (although not recommended as it is leading and closed ended) "Did you take your pants off?" may elicit a response of no. Later the child may say "He made me take my pants off." These statements are not inconsistent, just a child literally responding to the question he heard.

What this all means in the interview process

- You must ALWAYS assess and evaluate the developmental level of the child being interviewed and then operate as close to their level as possible.
- Since children most likely believe the abuse is their fault, they should be informed that it is not their fault. Even if they can not fully process this information, it will signal that you understand what they are experiencing.
- If you are getting responses that are inconsistent, consider the possibility that it is the way you are framing or asking the questions or the child is having difficulty understanding you or the interpreter or vice versa.
- Patience is always necessary. Because of pressures interviewers experience in the systems in which they work, they are frequently in a hurry for information. This may result in putting pressure on the child victim and may result in inaccurate responses.
- Children with communication-related disabilities will often need additional time, thus it is critical to prepare for this need.
- Unfamiliarity increases stress. Taking time to familiarize the child with you and the process they are about to experience will help decrease the stress the child will probably be experiencing.
- Structure decreases stress. An organized process with specific directions will help the child with the process.
- If a child is deaf or hard of hearing, the use of a qualified interpreter who also understands child development is critical to ensuring that your interview is accurate. The responder should ask the interpreter or the interpreter agency sending an interpreter, their qualifications and if they have interpreted for children, child abuse or sexual abuse, and law enforcement in the past. Deaf and hard of hearing children may use a sign system and not American Sign Language (ASL), or they may have invented home signs with their family. As such, a Certified Deaf Interpreter (CDI) may be needed to assist with ensuring interview accuracy.

Adolescents can be harder to interview than children. Because they have the visual appearance of an adult and close to adult vocabulary skills, interviewers often make the mistake of interviewing them as if they were an adult. Adolescents are at a level all their own and it is just as important to assess their developmental level as it is for a child.

Egocentrism – Just as children are egocentric, so are adolescents. Their egocentrism, however, is different. One of the normal developmental tasks of an adolescent is to “individuate” or to try to prove their independence and ability to operate effectively in the world. They have a need to be “in control.” When bad things happen to them, they fear they will be judged as not being in control or able to take care of themselves. Therefore, they will frequently assume some of the responsibility for bad things happening to them. For example, the teen may say, “I should have not worn that short dress.” “It’s my fault because I went to the party and had too much to drink.” If we try to convince them they had no responsibility for what happened, it goes against their drive for control and independence. We must instead reassure them that often it feels like they should have been in control but things moved beyond that point.

Unevenness of development – Just as described with children, the growth within an adolescent is also uneven. They often develop the body of an adult but the emotional and cognitive growth lags behind. This may be especially true when the teen has a disability. They may be the subject of unwanted attention but not know how to handle it. Also, because of their need for independence, they will not seek counsel or advice from others. This leaves them in a difficult situation when they are the victims of abuse.

Concrete thinking – Piaget’s “stages of development” states that adolescents are in the “concrete” operational stage. This means they can understand and attempt to handle what is right in front of them but are unable to project and understand things that are abstract. Most interviewers are in the “formal” operational stage and can operate at an advanced level. This means that the interviewer must meet the adolescent’s concrete level of thinking as the adolescent can’t come to the interviewer’s level. Talking about consequences, “should haves” and “would haves” is only going to confuse the adolescent. Talk about what has happened or is happening without judging or allowing the interview to get into abstracts. For example, an adolescent might not understand the implications for and necessity to study to get good grades, to get into a good college in order to get a good job and make a lot of money. They will connect, however, with the concrete idea that if they don’t get good grades, they can’t drive the car. They might not connect with giving you the information you seek because it might save someone else from abuse but will more likely connect with giving you the information in order to make their present situation better.

Gender issues – With children, the gender of the interviewer usually does not matter. Because of developmental issues, it may matter for an adolescent. Having interviewers of both genders available, where possible, is recommended. The gender of the interpreter should be considered.

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What all this means in the interview process

- It is just as important to build rapport and assess the developmental level of an adolescent as it is for a child
- Do not be misled by an adolescent's appearance and vocabulary
- Monitor your interaction and responses to be sure they are at the level of the adolescent you are interviewing
- Understand that they may need to accept some of the responsibility for the abuse

Defenses you may experience with both children and adolescents

- Denial: the victim denies to themselves that the events happened because the truth and pain are too hard to bear
- Accommodation: the victim keeps the secret of abuse as they believe there will be trouble if they tell. They feel helpless and trapped. They have learned how to accommodate the situation into their lives
- Learned helplessness: the child has learned that the only way to survive is to be passive
- Reaction formation: the child may giggle or laugh, cry or have other reactions that distract the interview process
- Dissociation: the child may say it happened to "her," not "me." The child may go into a trance and/or be unable to remember

When abuse occurs, all of these defense mechanisms are reflective of the fact that the victim is under stress. An interviewer who tries to push through these defenses risks further trauma to the victim as well as inaccurate information. It is necessary to be patient and utilize techniques and resources to minimize the stress before proceeding.

Disabilities affecting a child or adolescent victim of abuse will usually have an effect on the developmental level of a child being interviewed. Knowledge of the disability and the individual child, in addition to the principles of child development, is critical to the interview process. Also, depending on the disability and the individual child, having professionals with expertise may be necessary to achieve a successful interview.

The Child Sexual Abuse Accommodation Syndrome (CSAAS) was described by Dr. Roland Summit in 1983 in *The Journal of Child Abuse and Neglect*. It describes the process which often occurs when children disclose sexual abuse. It is not a scientific explanation as the word “syndrome” often implies, but is a description of patterns most often followed by children who have been sexually abused. While this process was written for sexual abuse disclosures, it also has application for disclosure in other types of abuse. Also, the behaviors described in the CSAAS have application to child abuse victims who have disabilities.

There are 5 steps in the Child Sexual Abuse Accommodation Syndrome. The following is a summary of the processes:

SECRECY – Child abuse occurs in secrecy. This may be as a result of the family dynamics which involve secrecy around personal issues or the child may be directly told that the behavior, that the child often doesn’t know is abusive, is a secret. It may also involve a direct threat about what will happen if the secret is told. There may be a threat of harm or the child may be told that if they tell they will not be believed, loved or they will be responsible for the break up of the family. Given the developmental level of children, who often feel responsible for the abuse, this is a terrible burden for them. They usually will keep the secret until something causes the behaviors to become known by others.

HELPLESSNESS – When abuse occurs, the child feels helpless. S/he does not believe that there is any recourse against the abuser who is either an adult or an older person in a position of power and control. Children are taught to obey adults and those who are older. When they are abused by these people they are powerless to stop it. When combined with the issue of secrecy, children will most often keep to themselves and feel completely helpless.

ACCOMMODATION – When abuse occurs to children and they feel powerless to do anything about it, they learn how to accommodate the abusive behavior into their lives. They learn how to operate in the family and the outside world in spite of the abuse. Because of this dynamic of accommodation, these abused children will often look “normal” to the outside world. Frequently then, when disclosure occurs, there is a disbelief because of the appearance of normality.

DELAYED, CONFLICTED AND UNCONVINCING DISCLOSURE – Children rarely come forward and disclose abuse because it is intolerable and they want it to stop. Usually, the abuse is discovered as a result of some related circumstance and then adults start asking questions and investigating. Abuse is frequently discovered in the following ways: A medical exam is conducted for related or unrelated issues and evidence of abuse is discovered; a child makes a comment about a behavior that is occurring and somebody starts asking questions; a child acts out a behavior that is happening to them and somebody notices and starts asking questions; or a child may display knowledge that they should not normally possess and again, somebody starts asking questions. There are certainly other paths to discovery but rarely does the child directly

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disclose the abuse. Because of this, many adults question the validity of the disclosure. Further, in an effort for self protection and/or protection of their familiar home situation, the child may make statements that mask the identity, number or types of abuse and abusers.

RETRACTION – After the abuse is disclosed, there is a significant amount of pressure put on the child. There is frequently disbelief expressed to the child, disruptions in the family for which the child feels responsible, multiple interviews and other behaviors that have a significant negative effect on the child. Because of this, the child often retracts the disclosure. As bad as the abuse may have been, the child often perceives that what followed the disclosure is worse, and if by retracting their disclosure the child may return to the more familiar circumstance to which s/he has learned to accommodate. Many people are automatically ready to disbelieve when children disclose abuse but are much more comfortable with believing when they retract their statement.

LATER DISCLOSURE WITH ACCURATE INFORMATION – At a later time, the child may then come forth with a full disclosure of the abuse, providing details that were previously masked or omitted. At this point, the child has gained confidence in him/her, has the support of non-offending care-providers, and has learned that the abuse was not a result of anything the child had done or thought.

All abused children do not follow every step of this process in every circumstance but more often than not, all, or portions of the described process, apply when child abuse has been discovered. For more detailed information, the referenced article should be read.

The Child Sexual Abuse Accommodation Syndrome (CSAAS) by Dr. Roland Summit in *The Journal of Child Abuse and Neglect*, 1983 Vol. 7, pp. 177 - 193, 1983.

LISTING OF REGIONAL CENTERS

NOTES

Alta California Regional Center

2135 Butano Drive

Sacramento, CA 95825

(916) 978-6400

Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba counties

Central Valley Regional Center

4615 North Marty Avenue

Fresno, CA 93722-4186

(559) 276-4300

Fresno, Kings, Madera, Mariposa, Merced, and Tulare counties

Eastern Los Angeles Regional Center

1000 South Fremont

Alhambra, CA 91802-7916

(626) 299-4700

Eastern Los Angeles County including the communities of Alhambra and Whittier

Far Northern Regional Center

1900 Churn Creek Road, #319

Redding, CA 96002

(530) 222-4791

Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, and Trinity counties

Frank D. Lanterman Regional Center

3303 Wilshire Boulevard, Suite 700

Los Angeles, CA 90010

(213) 383-1300

Central Los Angeles County including Burbank, Glendale, and Pasadena

Golden Gate Regional Center

120 Howard Street, Third Floor

San Francisco, CA 94105

(415) 546-9222

Marin, San Francisco, and San Mateo counties

Harbor Regional Center

21231 Hawthorne Boulevard

Torrance, CA 90503

(310) 540-1711

Southern Los Angeles County including Bellflower, Harbor, Long Beach, and Torrance

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Inland Regional Center

674 Brier Drive
San Bernardino, CA 92408
(909) 890-3000
Riverside and San Bernardino counties

Kern Regional Center

3200 North Sillect Avenue
Bakersfield, CA 93308
(661) 327-8531
Inyo, Kern, and Mono counties

North Bay Regional Center

10 Executive Court
Napa, CA 94558
(707) 256-1100
Napa, Solano, and Sonoma counties

North Los Angeles County Regional Center

15400 Sherman Way, Suite 170
Van Nuys, CA 91406-4211
(818) 778-1900
Northern Los Angeles County including San Fernando and Antelope Valleys

Redwood Coast Regional Center

525 Second Street, Suite 300
Eureka, CA 95501
(707) 445-0893
Del Norte, Humboldt, Mendocino, and Lake counties

Regional Center of the East Bay

7677 Oakport Street, Suite 300
Oakland, CA 94621
(510) 383-1200
Alameda and Contra Costa counties

Regional Center of Orange County

801 Civic Center Drive West, Suite 300
Santa Ana, CA 92701
(714) 796-5100
Orange County

San Andreas Regional Center

300 Orchard City Drive, Suite 170
Campbell, CA 95008
(408) 374-9960
Monterey, San Benito, Santa Clara, and Santa Cruz counties

San Diego Regional Center

4355 Ruffin Road, Suite 205

San Diego, CA 92123-1648

(858) 576-2932

Imperial and San Diego counties

San Gabriel/Pomona Regional Center

761 Corporate Center Drive

Pomona, CA 91768

(909) 620-7722

Eastern Los Angeles County including El Monte, Monrovia, Pomona, and Glendora

South Central Los Angeles Regional Center

650 West Adams Boulevard, Suite 200

Los Angeles, CA 90007-2545

(213) 763-7800

Southern Los Angeles County including the communities of Compton and Gardena

Tri-Counties Regional Center

520 East Montecito Street

Santa Barbara, CA 93103

(805) 962-7881

San Luis Obispo, Santa Barbara, and Ventura counties

Valley Mountain Regional Center

7109 Danny Drive

Stockton, CA 95210

(209) 473-0951

Amador, Calaveras, San Joaquin, Stanislaus, and Tuolumne counties

Westside Regional Center

5901 Green Valley Circle, Suite 320

Culver City, CA 900230

(310) 258-4000

Western Los Angeles County including the communities of Culver City, Inglewood and Santa Monica

Updates and more information: www.dds.ca.gov/rc/rclist.cfm

“CREATING ACCESS: SERVING SURVIVORS OF SEXUAL ASSAULT WITH DISABILITIES”

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HANDOUT 1: SUGGESTIONS FOR IMPROVING CULTURAL ACCESSIBILITY

The following suggestions come from people with disabilities, disability advocates, service providers, and VSA Arts Disability Awareness Guide (an organization that creates learning opportunities through the arts for people with disabilities). They are a guide to respectful approaches and behaviors, but because of the diversity and complexity of individuals, will not address every situation or be welcome by every individual. It is always appropriate to ask someone how he or she would like to be treated.

General

- Address clients directly, rather than addressing interpreters or assistants.
- Ask people with communication disabilities if they need an interpreter, let the person with the disability choose how you will communicate with each other.
- If you don't understand someone with a disability, ask him or her for clarification – don't pretend to understand.
- Utilize other methods of communication – write, sign or speak the message.
- Avoid euphemisms such as “physically challenged,” “special needs,” “differently-abled” or “handi-capable.” Many disability groups and individuals with disabilities object to these phrases because they are considered condescending and reinforce the idea that disabilities cannot be spoken of in an upfront and direct manner.
- Do not sensationalize a disability by using terms such as “afflicted with,” “suffers from,” or “crippled with.” These expressions are considered offensive and inaccurate to people with disabilities.
- When writing or speaking about people with disabilities, emphasize abilities rather than limitations.
- Use “people first” language that puts the focus on the individual rather than the disability:
- “Person with a disability” rather than handicapped or crippled
- “Person who is blind” or “person with a visual disability” rather than the blind person
- “Person who is Deaf” or “person who is hard of hearing” instead of deaf and dumb, deaf-mute or suffers a hearing loss
- “Person with a mental illness” instead of crazy or psycho
- “Person with a developmental disability” or “person with mental retardation” instead of retarded or mentally defective
- “Person who uses a wheelchair” instead of confined to a wheelchair, in a wheelchair, or wheelchair bound
- “Person with a physical disability” or “person with a mobility disability” instead of handicapped or crippled

Blindness and Visual Disabilities

- Ask before touching or petting a service animal, it may distract the animal from working.
- It is especially important to announce oneself when entering and leaving a room with a person who is blind or has a visual disability. When introducing a person who is blind to a group, introduce each person individually.
- Speak directly to the person in a normal tone and speed.
- Use detail to describe people, objects and places thoroughly.

Mobility Disabilities

- Wheelchairs are part of a person's personal space, do not lean on, touch or otherwise maneuver someone's chair without permission.
- Seek to communicate with people at an even level physically, i.e. if someone is using a wheelchair, sit down or kneel when conversing for an extended period of time.

Deafness and Communication

- Use a normal voice tone and provide a clear view of your mouth.
- Speak directly to the person who is deaf, not the sign language interpreter.
- Ask the person to repeat themselves if you do not understand.
- Use facial expressions, body language, and pantomime.
- Explain any interruptions (such as beeper going off) before attending to it.

Learning Disabilities

- Be aware that occasional inattentiveness, distraction, or lack of eye contact by the person with a learning disability is not unusual. This may be particularly important during law enforcement interviews.
- Be sensitive to the fact that some information-processing problems may affect social skills, causing inappropriate facial expressions, voice, tone or gestures. This is also important to keep in mind for counseling sessions.
- Allow extra time for people with learning disabilities to learn certain skills. Remember, information-processing difficulties often interfere with learning. Once learned, however, there is no relationship between a learning disability and the performance of a task. This may mean making adjustments during staff and volunteer trainings.
- Mental illness
- Learn more about the nature of the person's diagnosed mental illness. If a person is prescribed medication for his or her illness, locating information on the side effects and long-term health impact may help you better understand what that person may be experiencing after a sexual assault.
- Remember that people with mental illness do not have lower intelligence. Some people with mental illness may experience difficulties with their attention span or discussing topics that produce anxiety, but have average or above average intelligence. This is particularly important during hotline calls or counseling sessions.
- Be aware that people with more severe mental illnesses may have difficulty processing or expressing emotions. This is also important for crisis counselors to keep in mind during hotline calls or counseling sessions.
- Be sensitive to the fact that some people with mental illness may overreact

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to emotionally charged topics or conversations. When this occurs, it is more likely that miscommunication will result. For example, information about criminal charges, court decisions or sentencing outcomes may be best explained in a calm and objective manner.

Developmental Disabilities

- Adults with developmental disabilities and mental retardation are not children. They are adults and deserve to be treated as such. The role of crisis counselors and advocates as non-judgmental sources of support and information is especially important in working with survivors with developmental disabilities and mental retardation so that they are empowered to make decisions that affect their lives.
- Be aware that developmental disability is not synonymous with mental retardation. Mental retardation refers to persons with lower levels of intellectual functioning, generally whose I.Q.s are below 70-75. Developmental disability refers to any disability that was caused by differences in fetal development that result in impaired life functions of some type. Developmental disabilities can also refer to mobility disabilities that resulted from irregular development such as cerebral palsy.

Acquired Brain Injuries (ABI) and Stroke

- Help keep a conversation on track. People with acquired brain injuries may digress or change course during a conversation. Redirect them using appropriate cues and reminders of the topic when necessary during hotline calls and in-person crisis counseling.
- Repeat important information about the purpose, duration and guidelines for a presentation, support group, or training. Summarize previous progress and review where previous trainings left off if sessions continue. It may be necessary to provide summaries of previous phone conversations, counseling meetings, or court appointments to survivors with ABIs.
- Keep the environment free of distraction. Try to meet in quiet spaces where there will not be interruptions or suggest having phone conversations during quieter times at the survivor's home.
- People with ABIs may exhibit impulsiveness, irritability, or egocentric behavior. These are behavioral symptoms that can be consequences of the disability. These symptoms may need to be discussed with detectives or district attorneys before interviews or court dates.

Hidden Disabilities

This term refers to disabilities that may not be obvious to an outside observer, but still significantly affect the life function of the person who has the disability. Some examples are people living with AIDS and cancer.

- It is important to recognize that people with certain hidden disabilities such as AIDS and cancer are not necessarily dying from these diseases. Treatments exist for both cancer and HIV and AIDS that can prolong a person's life. Sensitive terminology focuses on the act of living with these diseases, not dying from them, as in the term "living with AIDS."
- Cancer, epilepsy, diabetes, lung disease, kidney failure, hemophilia, hypertension, are a few of the hidden disabilities.
- Provide an environment conducive to self-disclosure. This includes hiring

people with disabilities; establishing a reputation for confidentiality; and providing descriptive literature and speakers relating your interest in working with people of all abilities. People with hidden disabilities will be more likely to seek services at such agencies and disclose their disability.

- Ask questions that will help your organization provide appropriate accommodations. For example, “Is there anything about you we have not discussed that might make it difficult to participate in your volunteer program or other sexual assault services? Are there other ways we can provide assistance and support at our rape crisis center?”

Physical And Communication/Program Accessibility

All of the cultural competency and successful outreach will be unproductive if a client cannot utilize the facilities of a rape crisis center. The Americans with Disabilities Act (ADA) provides guidelines for ensuring accessibility to public agencies. It is important to know that many accommodations are inexpensive. Consider organizing a volunteer work party for one-time adaptations such as building a ramp or installing handrails on stairways or in bathrooms.

Obtaining, installing and using TTY/TDD machines or TTY software for your computer is also necessary to making services accessible to people who are deaf or hard of hearing. Call the Office of Deaf Access (listed in Appendix B: *Resources of the California Public Utilities commission Deaf and Disabled Telecommunication program* <http://www.ddtp.org/DDTP/> for more training and information on TTY or TDD equipment.)

Many centers have requested more in depth instructions on using a TDD or TTY for communication with survivors who are deaf; instructions are available from CALCASA upon request. For centers without TTY/TDD capabilities, the California Relay Service (CRS) 7-1-1 provides operators who allow people who are using TTY machines to communicate with people who do not have a machine. CRS is a confidential service and available 24 hours a day, 365 days a year. (See *Handout 2: Suggestions for Improving Physical Accessibility*). There is also an emerging technology solution, Video Relay Services (VRS), in which video relay calls are placed over a high speed or broadband Internet connection (i.e. DSL, cable, or T1 line) through a videophone appliance connected to a TV, or through a personal computer equipped with a Web camera and software. The deaf user sees an ASL interpreter on their TV and signs to the interpreter, who then contacts the hearing user via a standard phone line and relays the conversation between the two parties. Hearing customers can also place video relay calls to any deaf or hard-of-hearing individual by simply dialing one of the Video Relay Service numbers. Currently, there are many service providers of VRS services. Ask the child or the parent if they have a Video Phone and which is the best number to contact them.

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“CREATING ACCESS: SERVING SURVIVORS OF SEXUAL ASSAULT WITH DISABILITIES”

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HANDOUT 2: SUGGESTIONS FOR IMPROVING PHYSICAL AND PROGRAM ACCESSIBILITY

The following suggestions come from people with disabilities, disability advocates, service providers, and VSA Arts Disability Awareness Guide (an organization that creates learning opportunities through the arts for people with disabilities). They are a guide to respectful approaches and behaviors, but because of the diversity and complexity of individuals, will not address every situation or be welcome by every individual. It is always appropriate to ask someone how he or she would like to be treated. Ensure that you have an accessible evacuation plan and that individuals know how to evacuate your office and building.

General

- Have written materials available in alternate formats (Braille, large print, audio tape, or picture).
- Offer solutions to transportation issues: provide money or stipends for cabs, make arrangements with local providers of transportation to persons with disabilities, or rent a vehicle with a lift.

Blindness and Visual Impairments

- Ensure that service animals have full access to the same facilities as the person they are serving; this right is guaranteed by law.
- To guide a person who is blind, let him or her take your arm. Identify obstacles as you are about to encounter them.
- When using telephone numbers with words, such as 1-888-9CALCASA, be sure to include the number version as well, since letters on telephone buttons can be difficult to read.
- Have optical magnifiers and other optical aids available.
- Offer to read documents and inform individuals of what documents, flyers, brochures, etc. are available to them.
- Ensure that there are no protruding objects from the wall that a white cane will not detect.

Mobility Impairments

- Use floor coverings that allow easy mobility (e.g. non-skid surfaces or low carpets).
- Relocate services and programs to accessible spaces.
- Replace existing hardware and equipment to allow for grab bars, handrails, and other supports where needed.

Deafness and Communication

- Install a teletypewriter/telecommunication device for the deaf (TTY/TDD) in your office. Include the number on brochures and flyers.
- Learn how to utilize the relay system, both traditional TTY/TDD and Video Relay Services (VRS). In California, you can dial 7-1-1 for relay services. This service is monitored by the FCC and mandated under Title 4 of the ADA in each State.
- Learn how to find a sign language interpreter on short notice. See the listing for California in Appendix B: Resources of this packet.
- Many members of the Deaf community utilize handheld technology, which include e-mail, Instant Messaging (IM) and text messaging

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APPENDIX A: KEY TERMS AND DEFINITIONS OF DISABILITY

It is important to recognize the diversity of disabilities that one may experience and encounter. The same disability may affect each individual differently or a person may have a combination of disabilities. The experience of living with a particular disability must be understood through communication with that individual; no medical description or clinical explanation can substitute. These key terms, therefore, should be used to develop a foundation of knowledge that will assist you in interacting with individuals and understanding their distinct experience of living with a disability.

Blindness and Visual Disability

The terms “blindness” and “visual disability” can describe a range of vision ability. A person who is **legally blind** has less than 20/200 vision in the better eye or may have a field of vision that is less than 20 degrees at its widest point. Many people who are **legally blind** have some ability to see light, shapes, and colors. The term **legally blind** does not necessarily indicate total vision loss.

As with many disabilities, blindness and visual disability can be either congenital (since early childhood or birth) or adventitious (occurred later in life). The age that blindness or vision loss occurs is important in understanding the effect the disability has had on an individual. Adventitious blindness may occur as a result of disease or trauma and can lead to acute shock and adjustment difficulties. A person with congenital blindness, however, has usually had education and training since birth or early childhood to prepare them for some of the challenges of being blind in adult life.

Deafness and Communication

People who are **deaf** or **hard of hearing** can communicate in a variety of ways. There are different levels of hearing loss, from mild, moderate, severe to profound. Each individual’s loss is different. Many people who are deaf view their deafness as simply culture with a different means of communication, rather than a disability. The method a person uses to communicate may be affected by the age at which they acquired their hearing loss and their parent’s choices for communicating in the home and at school.

The idea that a person who is deaf or hard of hearing cannot speak is often untrue. People who are born deaf (prelingual deafness) have difficulty developing speech ability in the same way a hearing child might, but many attend speech classes in order to learn to use their voice. A person who lost their hearing after learning to speak may also be able to communicate by speaking if they choose to do so.

There are different modes of communication for people who are deaf or hard of hearing include American Sign Language, signed English, cued speech, writing, finger spelling and speech reading (sometimes known as “lip reading”). American Sign Language(ASL) is the third most widely used language in the United States.

ASL is a language with its own grammar, syntax and vocabulary. ASL is different than spoken English. Other countries also have their own sign languages such as French or Spanish sign language. Some people who are deaf have been trained in lip-reading, but this process is only approximately 30% accurate. Therefore, lip reading should not be relied upon for communication with people who are deaf or hard of hearing especially during any traumatic or highly emotional situation.

In addition, many people who are deaf or hard of hearing, especially those who primarily communicate through American Sign Language, may be less familiar with the grammar and syntax of written English. It is important to take this into consideration when using a TTY or otherwise communicating with a person who is deaf or hard of hearing. The ability to speak or vocalize English is not related to intelligence.

Learning Disabilities

Learning disabilities affect approximately 4 million children in America and perhaps many more adults. They are usually lifelong conditions, but because many learning disabilities were not well known or understood until the last decade, it is presumed that many adults remain undiagnosed. Some common types of learning disabilities are:

- Dyslexia** – substantial difficulties with reading
- Dyscalculia** – substantial difficulties with mathematics
- Dysgraphia** - substantial difficulties with writing
- Dysphasia** - substantial difficulties with speaking

According to the VSA Arts Disability Awareness Guide, “**learning disabilities** are disorders manifested by significant difficulties in listening, speaking, reading, writing, reasoning, and/or mathematical ability.” Although sometimes confused, mental retardation and learning disabilities are unrelated and very different from one another. Most people with learning disabilities have normal intelligence, but difficulties in processing information. Adapting teaching methods to the specific learning style often helps persons with learning disabilities comprehend information successfully.

Mental Illness

Mental illness affects nearly five million Americans per year. One of the most common debilitating illnesses, more people have a form of mental illness than heart disease, cancer or diabetes. The diversity of mental illnesses and their effects on an individual are too great to cover. Professional guidance should be sought whenever a service provider is working with a client who has a mental illness.

Symptoms of these illnesses can vary from person to person; the *Diagnostics and Statistics Manual Fourth Revision (DSM IV)* should be consulted for more detail. Generally speaking, people with mental illnesses may experience anxiety related to their particular diagnosis. People with mental illness often experience overwhelming feelings and emotions, as in the case of major depression. The symptoms of mental illnesses vary a great deal, as do the beliefs about the origins of mental illness.

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While the absolute cause of mental illness remains uncertain, most experts agree that mental illnesses are influenced by environmental, biochemical and psychological factors. Such illnesses often leave a person with a decrease in life function, for this reason, mental illness is defined as a disability. Mental illnesses can sometimes be influenced by sexual assault or sexual abuse; PTSD is a common reaction to sexual assault for example. However, preexisting mental illnesses may place a person at a higher risk for sexual assault, just as with other types of disabilities.

Developmental Disabilities

Autism actually refers to several disorders that are caused by an abnormality of the brain. Autism Spectrum Disorders (ASD) are a type of developmental disability that create the need for repetition and routine, while seriously impacting one's ability to communicate and interact socially. ASD typically appears within the first three years of a child's life and remains a lifelong disability. Although there is no known cure for autism, specialized training can help develop the skills of a person with autism.

Cerebral Palsy is a developmental disability caused by damage to the brain, which generally occurs before, during or directly after birth. Even though cerebral palsy can result in mental retardation, it is most strongly characterized by an inability to fully control motor functions. This can result in difficulty maintaining balance and changes in depth perception as well as stiff, difficult or involuntary movements. Cerebral palsy may cause a person to exhibit spasms, mobility disabilities, disabilities in sight, hearing, or speech, or mental retardation.

Although **mental retardation** is a type of developmental disability, all people with developmental disabilities do not have mental retardation. Developmental disability may refer to a physical disability and not include any form of mental retardation at all. Therefore, the two terms should not be substituted for each other.

Mental retardation is a developmental disability characterized by a lower level of intellectual functioning (IQ) - below 70-75, significant limitations in two or more adaptive skill areas, and an onset of the disability before the age of 18. Mental retardation is generally measured in four levels, mild, moderate, severe, and profound. The causes of mental retardation can vary from lead poisoning to genetic disorders. Approximately 35% of cases of mental retardation have no known cause. Three of the most well-recognized types and causes are listed below:

Down Syndrome is the most common genetic cause of mental retardation. Created by an atypical gene structure, Down syndrome affects nearly 4,000 children each year; most function in the mild to moderate range of mental retardation. Approximately 5% of mental retardation is caused by hereditary factors.

The most common known cause of mental retardation is **Fetal Alcohol Syndrome**, caused by the ingestion of alcohol during pregnancy. This exposure of the unborn child to alcohol causes mental and physical birth defects that can include mental retardation, growth deficiencies, nervous system dysfunction, abnormalities of the head and face and behavioral problems. Not all women who consume alcohol during pregnancy give birth to children with Fetal Alcohol Syndrome. Additional factors such as smoking, other drug use, nutrition and trimester of consumption may affect one's susceptibility to Fetal Alcohol Syndrome.

A third genetic cause of mental retardation is **Fragile X** syndrome. Fragile X refers to a damaged X chromosome that can cause learning disabilities, mental retardation, attention deficit and hyperactivity disorder, anxiety and unstable mood, autistic-like behaviors, long face, large ears, flat feet and hyper-extensible joints. Fragile X is hereditary and passed on from mother to child, it can be passed on for generations before the gene defect is serious enough to affect the baby's development.

Although developmental disabilities may affect one's intellectual functioning, it is important to realize that this is separate from mental illness. Mental illness is a biochemical brain disorder that has as much chance of being present in a person with a developmental disability as in one without.

Mobility Disability

Mobility disabilities include a broad range of disabilities that affect a person's ability to move. They may result from cerebral palsy (see description under Developmental Disabilities), spinal cord injury, stroke, arthritis, muscular dystrophy, amputation, polio or other conditions and may take the form of paralysis, muscle weakness, nerve damage, stiffness of the joints, or lack of balance and coordination. Many persons with mobility disabilities use wheelchairs or other mobility aides, such as crutches, canes, walkers, or scooters. However, use of wheelchairs or other mobility aides does not necessarily indicate that the individual cannot walk, they may be used to cover long distances or conserve the energy of the person using them. Some individuals may not use any mobility devices and are able to hide their disability, unless they are put under some extreme situations, i.e. standing or sitting for long periods of time, types of chair, etc.

Mobility disabilities can be acquired at birth or caused by accidents, illnesses, violence or the natural process of aging. People with mobility disabilities have a diverse range of physical ability and range of motion. Some conditions that commonly cause mobility disabilities are:

Amputation – The removal of all or part of a limb as the result of an accident or as a surgical intervention for a medical condition.

Muscular Dystrophy – There are over 40 different types of muscular dystrophy (MD), a hereditary disease that causes degeneration and weakening of the muscles. The hereditary patterns, age of onset and muscle loss vary amongst the 40 types of MD.

Multiple Sclerosis – Multiple Sclerosis (MS) is a disease that affects the nerve pathways of the Central Nervous System (the brain and spinal cord). Although each case of MS is unique, typical symptoms include balance and coordination problems, bowel and bladder problems, fatigue, tremors and spasms, pain, weakness, cognitive deficits, numbness, and tingling. It may also affect vision, hearing or speech. Progression of MS varies by individual, while it may gradually grow worse over time, in others the disease may go into a complete or partial remission.

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Polio/Post Polio Syndrome – Poliomyelitis (Polio) is a virus that damages the nervous system by attacking the nerve cells that control muscle movement. Polio is most common in infants and children. In some cases, Polio can cause paralysis. A Polio vaccine was developed in the mid 1950s that helped to reduce the numbers of persons contracting new cases of Polio. However, in the early 1980s many persons who had contracted Polio began to experience symptoms of pain, and weakness in their muscles and joints. Post Polio Syndrome (PPS) was identified, but its exact causes are still unknown. It affects people, generally at middle age, who contracted polio years before, often after many years of having a relatively stable living condition.

Spina Bifida – Spina Bifida refers to a variety of birth defects that affect healthy development of the spinal cord and spine. Children born with Spina Bifida may experience paralysis of the lower limbs or bowel and bladder incontinence and may require medical treatment throughout their lives. Immediate surgery after birth can help to minimize the effects of Spina Bifida.

Spinal Cord Injury – Injuries to the Spinal Cord can result in paralysis or sensory losses as the main transmitter of nerve information from the body to the brain is damaged. The spinal cord can be damaged by being torn, crushed or severed, the extent of resulting paralysis or sensory loss varies greatly depending on where the injury occurred on the spinal cord. Both loss of motor function and sensory loss do not always result from a Spinal Cord Injury, thus it is possible for persons with paralysis to be sensitive to touch in limbs or places they cannot move. Approximately 10,000 Americans are paralyzed each year from spinal cord injuries. Common causes of Spinal Cord Injuries are automobile accidents, motorcycle accidents, skiing accidents, diving into shallow water, and gunshot wounds.

Acquired /Traumatic Brain Injuries

Acquired Brain Injuries (ABIs), including Traumatic Brain Injuries (TBIs), are caused by external physical forces applied to the head or may occur suddenly in the course of normal development. The most common causes of acquired brain injuries are automobile accidents, falls, assaults, and sports injuries. ABIs typically result in total or partial brain damage that is diffuse or widespread; it is not usually confined to one area of the brain. Thus, potential disabilities are multiple and can affect both cognitive and physical functioning.

People who have had an acquired brain injury may exhibit some or all of the following symptoms. The symptoms will vary in intensity over time, and will interact in unpredictable ways. Symptoms of acquired brain injuries include:

Physical Symptoms – persistent headaches, fatigue, seizures, lack of motor coordination and sleeping disorders.

Cognitive Symptoms – short and long-term memory loss, limited attention span, inability to make decisions, and communication disabilities.

Behavioral/Emotional Symptoms – mood swings, depression, irritability, impulsivity, and denial of the disability.

Significant improvements can occur over time in the brain function of people with ABI, especially with the assistance of rehabilitation programs.

NOTES

Another common and disabling brain injury is Stroke, which is caused by a sudden interruption of blood flow to the brain. When an area of the brain is damaged by stroke, body functions controlled by that area no longer work as they previously did. According to the National Stroke Association, “stroke is our nation’s third leading cause of death, killing nearly 160,000 Americans every year.” There are four areas of brain function that are affected by stroke: motor control, sensation, communication/cognition, and personality. People who survive a stroke often have weakness on one side of the body or trouble with moving, talking, or thinking.

Hidden Disabilities

People with hidden disabilities have conditions such as cancer, epilepsy, diabetes, lung disease, kidney failure, hemophilia, hypertension, early stages of AIDS, or heart disease that may not be immediately apparent. While their numbers are far greater than those of any one disability group, people with hidden disabilities often do not feel like they belong within the disability community because they are not considered to be “disabled enough,” as they may not use any type of mobility aid or device.

NOTES

ADDITIONAL RESOURCES

*Developed by the City of Los Angeles Department on Disability.
Used with permission.*

There are many resources available that can help you better serve individuals with disabilities. Below we have listed some samples.

CALCASA Trainings

Self-Defense Train the Trainer (SDTT) Programs –

Each year CALCASA provides both a Beginning and Advanced training for self-defense instructors. Rape crisis centers are encouraged to select a staff person to apply for this SDTT Program. Contact CALCASA for more information. Contact CALCASA's RPRC Library at (916) 446-2520 for a bibliography of books, videos, articles, curricula and dissertations about serving survivors of sexual assault with disabilities.

Adult Protective Services (APS)

Investigates allegations of abuse of dependent and elder adults. Contact your local county APS office.

Blind and Visual Disability Resources

California Council of the Blind

578 B. Street

Hayward, Ca. 94541

Toll Free in California 1-800-221-6359

Office Telephone 510-537-7877

Fax 510-537-7830

(For a complete list of Agencies in California go to
<http://www.ccbnet.org/agency.htm>)

Deaf and Hard of Hearing Resources

The National Association of the Deaf (NAD)

814 Thayer Avenue, Silver Spring, MD 20910-4500

TTY: (301) 587-1789

Voice: (301) 587-1788

Fax: (301) 587-1791

www.nad.org

California Association of the Deaf (CAD)

c/o California Home for the Aged Deaf

529 Las Tunas Drive

Arcadia, CA 91007-8426

www.cad1906.org

Self Help for Hard of Hearing People, Inc. (SHHH) - National Office

7910 Woodmont Avenue, Suite 1200

Bethesda, Maryland 20814

Voice: (301) 657-2248

TTY: (301) 657-2249

Fax: (301) 913-9413 Fax

www.hearingloss.org

State Department of Social Services – Office of Deaf Access

744 P Street, M.S. 6-91

Sacramento, CA 95814

Voice: (916) 653-8320

TDD: (916) 653-7651

The Office of Deaf Access oversees eight regional centers that provide direct services to persons who are Deaf or hard of hearing such as advocacy, communication assistance, information and referral, independent living skills instruction, counseling and community education.

The Registry of Interpreters for the Deaf (RID)

333 Commerce Street

Alexandria, VA 22314

Voice: (703) 838-0030

TTY: (703) 838-0459

Fax: (703) 838-0454

www.rid.org

RID State of California Affiliate Chapters

Northern California Registry of Interpreters for the Deaf (NORCRID)

www.norcrid.org

Sacramento Valley Registry of Interpreters for the Deaf (SAVRID)

www.savrid.org

Southern California Registry of Interpreters for the Deaf (SCRID)

www.scrid.org

San Diego County Registry of Interpreters for the Deaf (SDCRID)

www.sdcrid.org

Deaf Community Services of San Diego (DCS)

3930 Fourth Ave., Suite 300

San Diego, California 92103

TTY: (619) 398-2440

Voice: (619) 398-2441

FAX: (619) 398-2444

www.dcsosfd.org

NOTES

Deaf Counseling, Advocacy and Referral Agency (DCARA)

Headquarters/Outreach Office
14895 E. 14th Street, Suite 200
San Leandro, CA 94578-2922
Voice: (510) 483-0753
TTY: (510) 483.6914
Fax: (510) 483.1790
www.dcara.org

Call for Eureka, Fremont, San Leandro, San Jose, and Santa Cruz Outreach Office information.

Greater Los Angeles Agency on Deafness (GLAD)

Administrative Offices
2222 Laverna Avenue
Los Angeles, CA 90041
Voice/TDD: (323) 478-8000
www.gladinc.org

Call for Bakersfield, Orange County, Inland Empire and Ventura Outreach Office information.

NorCal Center on Deafness (NORCAL)

4708 Roseville Road, Suite 112
N. Highlands, CA 95660
TTY/Voice: (916) 349-7500
Fax: (916) 349-7580

Call for Stockton and Yuba City and Redding Outreach Office information.

Deaf and Hard of Hearing Service Center

5340 N. Fresno Street, Fresno, CA 93710
Voice : (559) 225-3323
TTY : (559) 225-0415
Fax: (559) 225-0116

Call for Fresno, Central Coast, Merced, and South Valley Outreach Office information.

Deaf Services of Palo Alto

P.O. Box 60651
Palo Alto, CA 94306-0651
Voice: (650) 856-9262
TTY: (650) 856-1114

Interpreter Service Agencies in California

Accommodating Ideas, Inc.

3807 Sierra Hwy #6
PMB 4535
Acton, CA 93510
Voice/TTY: (800) 257-1783

Bay Area Communication Access (BACA)

443 Tehama Street
San Francisco, CA 94103
Voice: (415) 356-0405
TTY: (415) 356-0376
<http://www.ai-ada.com/>

Beyond the Words

PO Box 4941
Walnut Creek, CA 94596
(925) 288-1968 V
(954) 697-0518 FAX
(800) 644-9963 24-hour pager

Communique Interpreting

856 4th Street
Santa Rosa, CA 95404
Voice/TTY: (707) 546-6869
www.cqterps.com

Dayle MacIntosh Center

13272 Garden Grove Blvd.
Garden Grove, CA 92843
(800) 972-8285
Voice: (714) 621-3300
TTY: (714) 663-2087
<http://daylemc.org>

Deaf Community Services of San Diego

3930 4th Avenue, Suite 300
San Diego, CA 92103
Voice: (619) 398-2488
TTY: (619) 398-2438
www.dscofsd.org

Deaf Services of Palo Alto

P.O. Box 60651
Palo Alto, CA 94306-0651
Voice: (650) 856-9262
TTY: (650) 856-1114

Eaton Interpreting Services, Inc.

Phone: 916-721-363
Fax: 916-722-8377

Hands On Sign Language Services

595 Menlo Drive
Rocklin, CA 95765
Voice: 1-800-900-9478
TTY: 1-800-900-9479
Fax: 1-888-900-9477
<http://www.handsonsvs.com/>

NOTES

Hired Hands

PO Box 15024
Fremont CA 94539-2024
(510) 739-6228 V/TTY
(510) 659-1882 V/TTY
(510) 440-4777 PAGER

Independent Living Resource Center

423 West Victoria Street
Santa Barbara, CA 93101
Voice/TTY: (805) 963-0595
www.ilrc-trico.org

Institute for Career Development

1080 N 7th Street
San Jose, CA 95112
Voice: (408) 998-5787 ext. 6

Interpreters Unlimited

P.O. Box 27660
San Diego, CA 92198-1660
Voice: (800) 726-9891 or (800) 821-9999
Fax: (800) 726-9822 or (858) 451-7499

Interpreting and Consulting Services

836 B. Southampton Road #353
Benicia, CA 94510
Voice: (707) 747-8200
Fax: (707) 747-8205
24 Hour Hotline (800) 549-2600
www.icsdeaf.org

LifeSigns, Inc.

2222 Laverna Avenue
Los Angeles, CA 90041-2625
Voice/TTY: (323) 550-4210

LINKS Sign Language Interpreting

800 W Pacific Coast Highway
Long Beach, CA 90806
Voice: 1-888-742-0070
www.goodwill-lbsb.org

Network Interpreting Service, LLC

(800) 284-1043 Voice
(800) 284-5176 TTY
(815) 425-9244 FAX

Preston Bass Interpreting Services, LLC

PO Box 370162

Las Vegas, NV 89137

Voice: (702) 228-5181

TTY: (702) 228-5182

www.prestonbass.com

(Provides services in California)

Rolling Start

570 W 4th St #102

San Bernardino, CA 92401

Voice: (909) 884-2129

TTY: (909) 884-7396

www.rollingstart.com

The Sign Language Company

14203 Califa Street

Van Nuys, Ca 91401

Voice/TTY: (818) 782-6002

www.signlanguageco.com

Sign Language Interpreting Services

3942 Terra Vista Way

Sacramento, CA 95821

Voice: (916) 483-4751

www.signinterpreting.com

Special Task Interpreters for the Deaf

1001 N Tuslin Avenue

Independent Living Centers

Provide advocacy, information and referral, informing people with disabilities of the rights, services and benefits available to them, advocacy with government benefits, housing and personal assistance, and Independent Living Skills Training.

California State Independent Living Council

1600 K Street, Suite 100

Sacramento, CA 95814

Voice: (916) 445-0142

TTY: (916) 445-5627

Fax: (916) 445-5973

www.calsilc.org

California Foundation for Independent Living Centers

660 J Street, Suite 270

Sacramento, CA 95814-2413

(916) 325-1690 (Voice)

(916) 325-1695 TTY

(916) 325-1699 FAX

www.cfilc.org

NOTES

Access Center of San Diego, Inc.

1295 University Avenue, Suite 10

San Diego, CA 92103

Voice: (619) 293-3500

TTY/TDD: (619) 293-7757

www.accesscentersd.org

Call for San Marcos and El Centro Branch information.

Center for Independence of the Disabled, Inc.

875 O'Neill Avenue

Belmont, CA 94002

Voice: (650) 595-0783

TTY/TDD: (650) 595-0743

Call for Daly City Branch information.

Center for Independent Living

3475 West Shaw Avenue, Suite 101

Fresno, CA 93711

Voice: (559) 276-6777

TTY/TDD: (559) 276-6779

Call for Visalia and Merced Branch information.

Center for Independent Living

2539 Telegraph Avenue

Berkeley, CA 94704

Voice: (510) 841-4776

TTY/TDD: (510) 848-3101

www.cilberkeley.org

Call for Oakland Branch information.

Central Coast Center for Independent Living

234 Capitol Street, Suite A and B

Salinas, CA 93901

Voice: (831) 757-2968

TTY/TDD: (831) 757-3949

www.cccil.org

Call for Santa Cruz and San Benito Branch information.

Community Access Center

6848 Magnolia Avenue, Suite 150

Riverside, CA 92506

(909) 274-0358 (Voice)

(909) 274-0833 (FAX)

Call for Indio Branch information.

Communities Actively Living Independent & Free

634 S. Spring Street, 2nd Floor

Los Angeles, CA 90014

(213) 627-0477 Voice

(213) 623-9502 TTY

(213) 627-0535 FAX

www.calif-ilc.org

Community Rehabilitation Services

4716 E. Cesar Chavez Avenue, Building B, Room 75

Los Angeles, CA 90022-1210

Voice: (323) 266-0453

TTY/TDD: (323) 266-3016

Call for Downtown, San Gabriel and Pasadena Branch information.

Community Resources for Independence

980 Hopper Avenue

Santa Rosa, CA 95403

Voice: (707) 528-2745

TTY/TDD: (707) 528-2151

Call for Ukiah and Napa Branch information.

Community Resources for Independent Living, Inc.

439 "A" Street

Hayward, CA 94541

Voice: (510) 881-5743

TTY/TDD: (510) 881-0218

Dayle Macintosh Center for the Disabled

13272 Garden Grove Boulevard

Garden Grove, CA 92843

(714) 621-3300 (Voice)

(714) 663-2087 TTY

(714) 663-2094 FAX

Call for South County and Riverside Branch information.

Disability Resources Agency for Independent Living

221 McHenry Avenue

Modesto, CA 95354

Voice: (209) 521-7260

TTY/TDD: (209) 521-1425

www.drail.org

Call for San Joaquin and Mother Lode Branch information.

Disabled Resource Center, Inc.

2750 East Spring Street, #100

Long Beach, CA 90806

Voice: (562) 427-1000

TTY/TDD: (532) 427-1366

**Foundation of Resources for Equality and Employment of the Disabled
(FREED)**

154 Hughes Road, Suite 1

Grass Valley, CA 95945

Voice/TTY/TDD: (530) 272-1732 or 1-800-655-7732

www.FREED.org

Call for Yuba/Sutter Branch information.

NOTES

Independent Living Center of Kern County

1631 30th Street
Bakersfield, CA 93301
Voice: (661) 325-1063 or 1-800-529-9541
TTY/TDD: (661) 325-3092
www.ilcofkerncounty.org

Independent Living Center of Southern California

14407 Gilmore Street, #101
Van Nuys, CA 91401
Voice: (818) 785-6934
TTY/TDD: (818) 785-7097
Call for Lancaster and Santa Clarita Branch information.

Independent Living Resource Center

423 West Victoria
Santa Barbara, CA 93101
Voice: (805) 963-0595
TTY/TDD: (805) 963-0595
www.ilrc-trico.org
Call for Santa Maria, San Luis Obispo, and Ventura Branch information.

Independent Living Resource Center, San Francisco

649 Mission Street, 3rd Floor
San Francisco, CA 94105
Voice: (415) 543-6222
TTY/TDD: (415) 543-6698
Spanish Language: (415) 543-6743
Chinese Language: (415) 543-6768
www.ilrcsf.org

Independent Living Resource of Contra Costa County

3200 Clayton Road
Concord, CA 94519
Voice/TTY/TDD: (925) 363-7293 or 1-800-633-4644
www.ilrccc.org
Call for Antioch, Fairfield, and Richmond Branch information.

Independent Living Services of Northern California

1161 East Avenue
Chico, CA 95926-1018
Voice/TTY/TDD: (530) 893-8527
Call for Redding Branch information.

Marin Center for Independent Living

710 Fourth Street
San Rafael, CA 94901
Voice: (415) 459-6245
TTY/TDD: (415) 459-7027
www.marincil.org

Placer Independent Resource Services

11768 Atwood Road, Suite 29
Auburn, CA 95603
Voice: (530) 885-6100
TTY/TDD: (530) 885-0326
www.pirs.org

Resources for Independent Living

420 "I" Street, Suite 3
Sacramento, CA 95814
(916) 446-3074 Voice/TTY
(916) 446-2443 FAX

Rolling Start, Inc.

5701 W. 4th Street, Suite 103
San Bernardino, CA 92401
Voice: (909) 884-2129
TTY/TDD: (909) 884-7396
Call for Victorville Branch information.

Service Center for Independent Living

109 South Spring Street
Claremont, CA 91711
Mailing Address: P.O. Box 1296
Claremont, CA 91711
Voice: (909) 621-6722
TTY/TDD: (909) 445-0726
Call for Covina Branch information.

Silicon Valley Independent Living Center

2306 Zanker Road
San Jose, CA 95131
Voice: (408) 894-9041
TTY/TDD: (408) 894-9012
Call for Gilroy Branch information.

Southern California Rehabilitation Services

7830 Quill Drive, Suite D
Downey, CA 90242
(562) 862-6531 (Voice)
(562) 869-0931 TTY
(562) 923-5274 FAX

Tri-County Independent Living, Inc.

955 Myrtle Avenue
Eureka, CA 95501
(707) 445-8404 Voice
(707) 445-8405 TTY
(707) 445-9751 FAX

NOTES

Westside Center for Independent Living
12901 Venice Boulevard
Los Angeles, CA 90066
Voice: (310) 390-3611
TTY/TDD: (310) 390-9204 - www.wcil.org
Call for Airport Branch information.

Print Resources

First Response to Victims of Crime Who Have a Disability, OVC, October 2002, available from: <http://www.ojp.gov/ovc/publications/infores/firstrep/2002/welcome.html>

Abuse of Children with Disabilities, Crime and Violence Prevention Center, California Attorney General's Office, (order from www.safestate.org)

Law enforcement Response to Child Abuse, OVC, May 1997, available from: NCJRS (800) 638-8736 or email to askncjrs@ncjrs.org document number NCJ 162425

Recognizing when a Child's injury or illness Is Caused by Abuse, OVC June 1996 available from: NCJRS (800) 638-8736 or email to askncjrs@ncjrs.org document number NCJ 160938

Voices Ignored, Sexual Assault of People with Developmental Disability, by Center for Child and Family Studies, copyright 2003, available from: centerinformation@sc.edu or (803) 777-9408

Interviewing Skills to use with Abuse Victims Who Have Developmental Disabilities, Rev. 2004, Baladerian, N.J., available from: Arc Riverside contact: nora@disability-abuse.com

Interviewing and Treatment Skills to use with Abuse Victims with Disabilities, Baladerian, N.J., available from: Mental Health Consultants, contact nora@disability-abuse.com

Forensic Assessment of Consent to Sex, "FACTS," An Interviewing Instrument in Assess Consent to Sexual Relations, 2002, Baladerian, N.J., available from: Mental Health Consultants, contact nora@disability-abuse.com

Violence and Abuse in the Lives of people with Disabilities: The End of Silent Acceptance?, Sobsey, D., 1994, P.H. Brooks & Co., P.O. Box 10624, Baltimore, MD 21285-0624

Stop the Violence, Break the Silence, a Training Guide, Safe Place, 2002, Hughes, C.M. and Abrams, W., Available from www.austin-safeplace.org or (512) 267-SAFE

Police Response to people with Mental Illness or Developmental Disability: A Field Guide, California Commission on Peace Officer Standards and Training (POST), 2002. Available from: POST Media Distribution Center (916) 227-4856, www.post.ca.gov; email: dvessels@post.ca.gov

NOTES

Crime Victims with Developmental Disabilities: Report of a Workshop, 2001, National Research Council, 2001, Committee On Law And Justice: Joan Petersilia, Joseph Foote, Nancy A. Crowell, Editors. Commission On Behavioral And Social Sciences And Education, Washington, DC: National Academy Press. Available online at: <http://www.nap.edu>

Creating Access: Serving Survivors of Sexual Assault with Disabilities, 2001 CALCASA, available from: info@calcasa.org or phone: (916) 446-2520

Sullivan, P.M., & Knutson, J.F. (1998). The association between child maltreatment and disabilities in a hospital-based epidemiological study. *Child Abuse & Neglect*, 22, 271-288.

Sullivan, P.M. & Knutson, J.F. (2000a). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24, 1257-1274.

Baladerian, N. (1991). Sexual abuse of people with developmental disabilities. *Sexuality and Disability*, 9(4), 323-335.

"Interviewing and Treatment of Elder Abuse Victims with Cognitive and/or Communication Impairments," Baladerian, N.J., NCEA, Washington, DC 1998. Available from Mental Health Consultants, P.O. Box T, Culver City, CA 90230 or nora@disability-abuse.com

"A Report on the Maltreatment of Children with Disabilities," Washington, DC: National Center on Child Abuse and Neglect, 1993, Westat, Inc.

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Washington DC, American Psychiatric Association, 1994

Unhandicapping Our Language, by Paul K. Longmore, Ph.D., Dianne B. Piastro, 1988

Video Resources

"Child Abuse Investigations," July 2000, California POST Television Network (CPTN) Available from: POST Media Distribution Center (916) 227-4856, www.post.ca.gov.

"Crime Victims with Disabilities," POST Telecourse 2002, Available from: POST Media Distribution Center (916) 227-4856, www.post.ca.gov.

"Rain Man," 1988 from MGM, commercially available in video sales outlets.

"Serving Crime Victims with Disabilities: Meet Us Where We Are," available from NCJRS (800) 638-8736 or email to askncjrs@ncjrs.org document number NCJ 188515

“Serving Crime Victims with Disabilities: The Time is Now,” available from NCJRS (800) 638-8736 or email to askncjrs@ncjrs.org document number NCJ 188615

“Victims with Disabilities: The Forensic Interview,” by Arc Riverside under a Grant from OVC, available approximately Fall 2005. Grant # OVC 2003VF-GXK016

“Voices Ignored” from University of South Carolina, Center for Child and Family Studies

Web Resources

California Agencies

State Council on Developmental Disabilities	www.scdd.ca.gov
Department of Developmental Services	www.dds.ca.gov
Department of Education	www.cde.ca.gov
Department of Health Services	www.dhs.cahwnet.gov
Department of Mental Health	www.dmh.ca.gov
Department of Social Services	www.dss.cahwnet.gov
State Independent Living Council (SILC)	www.calsilc.org
California Attorney General’s Office	www.safestate.org
Crime and Violence Prevention Center	

Agencies Addressing Disabilities

American Association on Mental Retardation	www.aamr.org
The Arc of the United States	www.thearc.org
Autism Society of America	www.autism-society.org
Epilepsy Foundation	www.epilepsyfoundation.org
Organization of Area Boards	www.ns.net/oab
United Cerebral Palsy	www.ucpa.org
National Alliance for the Mentally Ill	www.nami.org
National Institute of Mental Health	www.nimh.nih.gov
Brain Injury Association	www.biausa.org
California Care Network	www.calcarenet.ca.gov
Protection and Advocacy, Inc.	www.pai-ca.org
Easter Seals	www.easter-seals.org

Technology

California Assistive Technology Systems	www.atnet.org
Speech to Speech (STS)	www.stsnews.com

Organizations addressing Abuse & Disability

Arc Riverside Can Do Project	www.disability-abuse.com
International Coalition on Abuse and Disability	www.quasar.ualberta.ca/ddc/icad
WIND, Wyoming Information on Individuals with Disabilities,	www.wind.uwyo.edu/wind/default.asp
CALCASA	www.calcasa.org

NOTES

Multidisciplinary Centers (MDIC) & Teams (MDIT)

www.cattacenter.org/mdic-t.html.

This website contains contact information for all of the teams and centers in California.

Child Abuse Victims with Disabilities

**A Curriculum for
Law Enforcement, First Responders, & Child Protective
Services Frontline Workers**

Introductions



- ✓ Who we are
- ✓ Who you are
 - ✓ Name
 - ✓ Agency
 - ✓ Years in position
 - ✓ One thing you hope to learn from class

Housekeeping Details

- ✓ Please put cell phones and pagers on vibrate
- ✓ There will be 2 breaks in the morning and afternoon and an hour for lunch
- ✓ Please return promptly from breaks
- ✓ Location of restrooms
- ✓ Sign-in sheets for credit (POST or other)

3

Why This Training...

Our Increasing Awareness

- ✓ Heightened vulnerability of the population
- ✓ Recognition of needs of population
- ✓ Improved effectiveness
- ✓ Agency liability
 - ✓ No reason to fear handling these calls

4



The **First Responder** Can **Make** or **Break** a Case!

5

People with Disabilities



United States

- ✓ Total 54 million
- ✓ Children 6 million

California

- ✓ Total 3.5 million (U.S. Census 2002)
- ✓ Children 277,505 (U.S. Census 2002)

6

Course Objectives

- ✓ Improve understanding of disabilities
- ✓ Improve investigative skills for building cases
- ✓ Develop more effective response techniques
- ✓ Increase legal knowledge

7

Today's Agenda


- ✓ Introduction
- ✓ Common Beliefs
- ✓ Understanding Disabilities
- ✓ Legal Review
- ✓ Officer and Worker Safety
- ✓ Conducting the Preliminary Investigation
- ✓ Interviewing Children With Disabilities
- ✓ Developing Multidisciplinary Responses

8

Class Exercise



What Makes These
Cases Difficult?



Commonly Held Beliefs
About Children With
Disabilities Who Are Victims
of Abuse

Class Exercise



What are commonly held beliefs about children with disabilities that may affect the investigation?

Class Exercise



What are your experiences/beliefs?

Common Beliefs

- ✓ Have multiple disabilities
- ✓ Are asexual
- ✓ Are unable to
 - ✓ Understand and learn
 - ✓ Feel
 - ✓ Feel pain
- ✓ Cannot distinguish truth from fantasy
- ✓ Are unable to reliably, effectively communicate

13

Children With Disabilities

- ✓ Most children with disabilities have a single disability
- ✓ Have the same sex drives as their peers
- ✓ Have less information about sexuality
- ✓ Often have no prior sex education

14

Children With Disabilities

Similar to other children:

- ✓ can be accurate historians and reporters
- ✓ a similar ability as other children to know the difference between truth and untruth
- ✓ a range of abilities within any disability type
- ✓ We cannot generalize about children with disabilities, or the type, severity, or number of disabilities present

15

Common Reactions to Persons With Disabilities

- ✓ Dread
- ✓ Embarrassment
- ✓ Shame
- ✓ Pity
- ✓ Disbelieve, disregard and discount
- ✓ Dehumanize

16

Significance of Beliefs

- ✓ Can make them more of a target for victimization
- ✓ Can make us less effective in handling crimes against them
- ✓ What may look like illegal conduct may be behaviors associated with a disorder
- ✓ Importance of distinguishing a disability from suspicious conduct

17

Realities for Children with Disabilities

- ✓ Privacy is greatly reduced or does not exist
- ✓ Expectations for life and achievement are reduced
- ✓ Obedience and passivity are rewarded
- ✓ Negative attitudes and being ignored are common
- ✓ Few general friendships
- ✓ Social isolation
- ✓ Difficulty being accepted in activities, clubs, etc.

18

“Victims With Disabilities: The Forensic Interview”

Several adults and children with disabilities

- ✓ Like other children and adults, engage in many activities
- ✓ Able to describe their experiences

19

Overview of Disabilities

- ✓ How prevalent is abuse against children with disabilities?
- ✓ Who are the perpetrators?

20

Prevalence of Abuse of Children With Disabilities

Children with disabilities

- ✓ 1.7 rate of abuse as children without disabilities
(Westat, 1991)
- ✓ 3.4 rate of abuse
(Sullivan, 2001)
- ✓ 4-10 times that of children without disabilities
(Garbarino, 1987)
- ✓ Only about 10% reported

21

Individuals in the Lives of Children with Disabilities

What persons including household members, family, professionals, paraprofessionals and volunteers are part of the lives of children with disabilities?



22

Persons in Children's Lives

- ✓ Family and friends
- ✓ Household members
- ✓ Religious groups, programs
- ✓ Baby sitters
- ✓ Respite care workers
- ✓ Social workers
- ✓ IHSS (personal care attendants)
- ✓ Teachers and aides
- ✓ One on One aide
- ✓ Therapists
- ✓ Coaches
- ✓ Pediatrician and disability specialist health care provider
- ✓ Mental health providers
- ✓ Dentists
- ✓ Regional Center case manager, supervisor, services coordinator
- ✓ Bus and van drivers
- ✓ After school programs
- ✓ Scouts and similar programs
- ✓ Recreational therapists
- ✓ Neighbors, community acquaintances

23

Who Are the Perpetrators?

Usually persons known to and trusted by the child and the child's family:

- ✓ Family and friends
- ✓ Transporters
- ✓ Care providers

Some seek employment or household relationship to gain access to children with disabilities

24

Americans with Disabilities Act

A physical or mental impairment that substantially limits one or more of the major life activities of an individual

- ✓ Includes physical and mental conditions

25

Types of Disabilities

- ✓ Developmental
 - ✓ Mental retardation, autism, cerebral palsy, epilepsy
- ✓ Learning
- ✓ Physical
- ✓ Sensory
- ✓ Communication
- ✓ Mental Illness (Psychiatric)

26

Developmental Disability



- ✓ Significant interference in the typical development of a child
- ✓ Originates before age 18, can be expected to continue indefinitely, and constitutes a substantial disability for that individual
- ✓ Includes mental retardation, cerebral palsy, epilepsy, and autism
- ✓ California Welfare And Institutions Code § 4512

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Developmental Disability



- ✓ Legal, not medical term
- ✓ Provides standard for eligibility to use Regional Centers
 - ✓ Case management, intervention, and support services for life
- ✓ Each state has it's definition

28

Mental Retardation



- ✓ Affects ability to learn
- ✓ Condition does not change
- ✓ Significant variation within and across categories
 - ✓ Borderline 70-85
 - ✓ Mild 55-69
 - ✓ Moderate 40-54
 - ✓ Severe 21-39
 - ✓ Profound 5-20
- ✓ Many children with mental retardation can effectively communicate and reliably recall

29

Autism Spectrum Disorders



- ✓ Cause unknown, usually diagnosed by age 5
- ✓ Difficulty with social contacts and human interactions
 - ✓ Usually objectify interactions
- ✓ IQ ranges between severe disability and extremely bright
- ✓ Require special assistance with language development, communication skills, learning social interactions, and environmental skills
- ✓ May be “touch toxic”

30

Autism



- ✓ Common Behaviors
 - ✓ Rocking, vocalizing grunts, noises, humming, tics
 - ✓ Hand wringing
 - ✓ Hyperactive, fidgety
 - ✓ Dislike eye contact
- ✓ Behaviors may increase with stress
- ✓ Need consistent and familiar environment

31

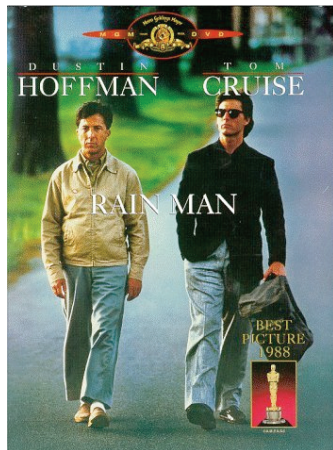
Autism



- ✓ May need more time to process questions
- ✓ May require more distance between themselves and interviewer
- ✓ May repeat what is said to them
- ✓ May respond without emotion
- ✓ May react strongly to being touched

32

Video



"Rain Man", 1988, MGM

- ✓ Note Raymond's behaviors with increasing stress and social pressures

33

Cerebral Palsy

- ✓ Caused by brain injury
- ✓ Lack of control of movement
- ✓ Impaired speech
- ✓ May or may not affect intellectual function
- ✓ May need facilitated or assistive communication to be understood

34

Video



“Victims with Disabilities: The Forensic Interview”

✓ Dina

35

Epilepsy



- ✓ Neurological
- ✓ Can begin and end anytime in life
- ✓ Causes seizures
- ✓ Some have seizures even with medication
- ✓ Stress can induce seizure
- ✓ Related to Tourette’s Syndrome

36

Section Summary

- ✓ Children with a developmental disability may be served by a Regional Center
 - ✓ Source of investigative information and witnesses
- ✓ Developmental disability may not affect intelligence, speech, or language

37

Learning Disabilities

- ✓ Hyperactivity and distractibility
- ✓ Affect cognition, memory, communication, and behavior
- ✓ Impaired ability to perceive receptive communication or produce expressive communication

38

Learning Disabilities

- ✓ Not related to intelligence
- ✓ Some forms respond to medications, other do not
- ✓ Most common are dyslexia, ADD, ADHD
- ✓ Can delay response to a question or require that a question be repeated

39

Physical Disability California Government Code § 12926

Disease, disorder, condition,
disfigurement, or anatomical loss that

- ✓ Affects one or more body systems; or
- ✓ Limits a major life activity without regard to mitigating measures; or
- ✓ Other health impairment that requires special education or related services

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Physical Disabilities



- ✓ Motor
- ✓ Medical
 - ✓ Some children are “medically fragile”
 - ✓ Complex medical conditions requiring extensive care
 - ✓ May suffer serious injury even with careful handling or movement
 - ✓ If child must be moved, must be done by trained professional
 - ✓ Be sure medications and medical equipment accompany them
- ✓ Neurological
- ✓ Orthopedic
- ✓ Sensory

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Sensory Disabilities



- ✓ Visual: Blindness or visual disability
- ✓ Hearing: Deaf or hard of hearing
- ✓ Touch: Touch sensitive or lack of sensitivity to pain
- ✓ Taste: Impaired/heightened sense of taste
- ✓ Smell: Impaired/heightened sense of smell

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Exercise: Sensory Disabilities

You are investigating a call of physical and sexual abuse of 10 year old Harry.

- ✓ Group 1: Harry is blind
 - ✓ Group 2: Harry is deaf
 - ✓ Group 3: Harry does not want to be touched
 - ✓ Group 4: Harry cannot smell or taste
-
- ✓ How will this affect your investigation?
 - ✓ How will you address it?

43

Visual Disability

- ✓ Most have some vision
- ✓ Most have received mobility training
- ✓ Determine how they read
 - ✓ Braille?
 - ✓ Large print?

44

Deaf and Hard of Hearing



- ✓ 90% of deaf children have hearing parents
 - ✓ Most parents do not use sign language at home
- ✓ Most deaf children rely on visual communication and ASL or other sign systems
- ✓ Even under ideal circumstances, only a third of spoken information can be correctly lip read

45

Deaf and Hard of Hearing



- ✓ Some use hearing aids, have a cochlear implant or use a service animal, such as a hearing dog
- ✓ Need to use certified interpreters for interviews

46

Mental Illness



- ✓ Inaccurate perception of surroundings or interpretation of communications
 - ✓ Altered contact with reality
 - ✓ Hallucinations and delusions
- ✓ No relationship to retardation though can co-exist
- ✓ Some conditions, but not all, respond to medication

47

Mental Illness



- ✓ Includes
 - ✓ Schizophrenia
 - ✓ Bi Polar Disorder
 - ✓ Depression
 - ✓ Post Traumatic Stress Disorder (PTSD)

48

Mental Illness

- ✓ Onset age differs by type of illness
 - ✓ Schizophrenia—age 14 to 19
 - ✓ Depression and anxiety—age 7 or older
 - ✓ Others usually before age 10
- ✓ First Responder may be first to recognize
- ✓ Ask if child needs and has taken proper dose of medications at time of incident and prior to interviewing

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Module Summary

- ✓ There are many kinds of disabilities present in children
- ✓ Children with disabilities are especially vulnerable to abuse
- ✓ Suspects are usually people the child and family knows and trusts
- ✓ Most children can assist in an investigation and be interviewed

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Legal Update



51

Test your legal knowledge!



- ✓ Complete the quiz
- ✓ You have 5 minutes!
- ✓ You will get the correct answers throughout the Module

52

Crawford v. Washington (2004)

United States Supreme Court (124 S. Ct. 1354)

- ✓ Only applies to criminal cases
- ✓ Witness statements which are testimonial in nature, including out of court statements and prior testimony, are inadmissible unless
 - ✓ Declarant is unavailable; and
 - ✓ Defendant had a prior opportunity to cross examine the declarant

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Crawford v. Washington (2004)

Testimonial includes

- ✓ Structured interviews or interrogations by law enforcement
- ✓ Prior testimony at a Preliminary Hearing, before a grand jury, or prior trial
- ✓ Interviews by other governmental officials if for litigation
 - ✓ CPS
 - ✓ Prosecutors

54

Crawford v. Washington (2004)

Testimonial includes

- ✓ Statements that declarant would reasonably believe to be used in a prosecution
- ✓ Statements made under circumstances that would lead an objective witness reasonably to believe that the statement would be available for use at a later trial

55

Crawford v. Washington (2004)

- ✓ Limited to statements offered for the truth
 - ✓ Not for statements to show implausibility of a defense
 - ✓ Not for statements to show mental state
 - ✓ Not for statements to show defendant could not believe s/he had consent
- ✓ Not to statements to get help or medical care

56

What Is Non-Testimonial?



- ✓ Spontaneous Statements
- ✓ Business records
- ✓ Statements in furtherance of a conspiracy
- ✓ Dying declarations
- ✓ A chance remark overheard by a governmental official
- ✓ Statements to non governmental third parties
 - ✓ Friends, family, acquaintances

57

What Is Legally Unavailable?



- ✓ Dead
- ✓ So ill that the witness cannot be brought to court
 - ✓ Delusional
 - ✓ Legally incompetent
 - ✓ Traumatized
- ✓ With exercise of due diligence, cannot locate the witness

58

Crawford v. Washington (2004)

Inapplicable if the declarant is unavailable because of defendant's misconduct:

- ✓ Intimidation
 - ✓ Has defendant contacted or called since the arrest?
- ✓ Threats
- ✓ Caused victim to hide
- ✓ Killed the victim

59

Class Exercise

How does Crawford v. Washington affect your investigation?

What can you do to strengthen your case in light of Crawford v. Washington?

Impact on Case Development

Cannot rely on victim's hearsay statement even if otherwise reliable

- ✓ Victim must testify more often
- ✓ Need to find other sources
 - ✓ Who else knows?
 - ✓ Who has suspect told?
 - ✓ Corroboration through medical sources, friends, family, financial records, and other non-governmental sources

61

Impact on Case Development

- ✓ Should still obtain and memorialize witness's statements
 - ✓ Continue to videotape in case they can be used
 - ✓ Still valuable for review by expert witnesses
 - ✓ Still admissible for non-hearsay purposes such as to prove suspect could not believe there was lawful consent
 - ✓ Rule of forfeiture

62

Legislative Update

✓ Child Abuse

63

Child Abuse Reporting Law

- ✓ New mandated reporters
 - ✓ In home Support Services (IHSS)
 - ✓ Court Appointed Special Advocates (CASA) Volunteers
- ✓ Intentional Concealment of Report by Mandated Reporter a continuing offense until discovery by county probation or welfare agency, or law enforcement agency

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Child Abuse Reporting Law

- ✓ Substantiated report standard “evidence that makes it more likely than not that child abuse or neglect occurred”
- ✓ DOJ required to provide information from the State Child Abuse Central Index to law enforcement, county probation and welfare agencies

65

Legislative Update

- ✓ Criminal Procedure

66

Dependent Person

Dependent Person (EC 177)

- ✓ Any age with physical or mental impairment
- ✓ Substantially restricts ability to carry out normal activities or protect legal rights
- ✓ Special procedures
 - ✓ Courtroom procedures
 - ✓ Jury instructions

67

Right To a Support Person and Advocate

- ✓ At formal interview by law enforcement, prosecutors and defense (PC 679.04)
- ✓ At forensic examination (PC 264.02)
- ✓ Grand jury (PC 939.21)
- ✓ In court – up to 2 support persons at preliminary hearing and trial (PC 868.5)
- ✓ Juvenile court hearing- up to 2 support persons (PC 868.5)

68

Duties to Victims

- ✓ Medical treatment
- ✓ Interpreter
- ✓ Convey a child to out of home placement
- ✓ Victim Notification
- ✓ Victim Compensation

69

Children With Disabilities

- ✓ All laws that apply to children apply to children with disabilities
- ✓ On reaching the age of majority, all contracts, releases, legal documents, and responsibility for decision making rest with the individual and not with their parents

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Summary of Module



✓ Question 1	"c"	✓ Question 6	"a"
✓ Question 2	"b"	✓ Question 7	"b"
✓ Question 3	"b"	✓ Question 8	"a"
✓ Question 4	"d"	✓ Question 9	"c"
✓ Question 5	"a"	✓ Question 10	"b"
		✓ Question 11	"e"

71

Officer and Worker Safety



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Class Exercise



What are Sources of Danger in Cases of Abuse of Children with a Disability?

- ✓ Location
- ✓ Occupants, including family members
- ✓ Environmental factors
- ✓ Other

Sources of Danger



- ✓ Victim
 - ✓ Child with autism who is stressed
 - ✓ Child with schizophrenia
- ✓ Family member
 - ✓ Especially if fears arrest or removal of the child
 - ✓ May be mentally ill or under the influence
- ✓ Environmental sources
 - ✓ Dangerous animals, weapons, drugs, alcohol, suicidal intent
- ✓ Residents' tactical advantage

74

Class Exercise



What Can You Do To Enhance Your Safety?

Enhancing Safety - CPS



- ✓ Make sure agency knows where you are and when you plan to return
- ✓ Check with law enforcement
- ✓ Go in pairs, not alone
- ✓ Be aware of your environment
- ✓ Emergency phones or communication
- ✓ If dangerous LEAVE and call Law Enforcement

76

Enhancing Safety



- ✓ Check for mental health flags and address history
- ✓ Determine who is at the location and gather them together
- ✓ Separate parties eye and earshot
- ✓ Keep partner in view
- ✓ Have animals removed
- ✓ Avoid complacency!

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Module Summary



- ✓ Think safety!
- ✓ If a situation seems dangerous for you, do you think the child may be in danger? Is anyone else potentially in danger? Are the pets well cared for?

78

Conducting the Preliminary Investigation

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First Responders

- ✓ Crime scenes can be complex and the evidence quickly destroyed or lost
- ✓ The first responder sets the stage for others who may have to deal with the child, witnesses, and suspect later on
- ✓ May have to deal with family more than once

80

Look Beyond the Call

- ✓ Other forms of abuse may be present
- ✓ There may be other victims
 - ✓ The child with the disability may be singled out for abuse in the family or may be the only child not harmed
 - ✓ In institutions, there may be a predator
- ✓ The same victim may have been assaulted more than once
 - ✓ Same suspect
 - ✓ Other suspects

81

Class Exercise: Sources of Evidence

Working with your table partners, make the most complete list possible of types of evidence that may exist in a case of possible abuse of a child with a disability

You have 3 minutes!

Sources of Evidence

- ✓ Obtain as much background information as possible before response
- ✓ “Fresh complaint” witnesses
- ✓ Persons familiar with others in living setting
 - ✓ Other victims
 - ✓ Patterns in the home and domestic violence

83

Sources of Evidence

- ✓ Many persons involved with the child
 - ✓ May be witnesses or suspects
- ✓ Sources of information
 - ✓ The child’s strengths and weaknesses
 - ✓ Changes in demeanor or behavior
 - ✓ Documentation of child’s progress, daily records, contacts
 - ✓ The child’s language skill
 - ✓ The child’s developmental achievements
 - ✓ Seen injuries
 - ✓ Heard spontaneous statements
 - ✓ They may have notes, photos, journals

84

Other Sources



- ✓ CPS open cases
 - ✓ Filed under the mother's name
- ✓ Prior calls to law enforcement
- ✓ Van drivers, coaches, child care providers, teachers
- ✓ 911 calls

85

Children in Special Education



- ✓ Special education under the Individuals with Disabilities Education Act (IDEA)
 - ✓ Meetings, plans, experts, and conferences with minutes, agreements, and parental signatures to agreement
- ✓ Child's individualized education program (IEP)

86

Children in Special Education



- ✓ When a child has an IEP, they may have a daily record prepared by the teacher or aide
 - ✓ Sent to child's parent each day
- ✓ Separate transportation system
- ✓ Possible interpreters

87

Regional Centers



- ✓ Maintain and update information on Individual Program Plan (IPP)
 - ✓ Medical issues and diagnosis
 - ✓ School
 - ✓ History
 - ✓ Special incidents
 - ✓ Legal involvement

88

Importance of Complete Documentation

- ✓ Importance of documentation and corroboration
- ✓ All witnesses, including victim
- ✓ Spontaneous statements
 - ✓ What was said and who heard it
 - ✓ Demeanor
 - ✓ Context of statement

89

Is This A Spontaneous Statement?

The suspect told me that his 5 year old niece (Becky) and his 3 year old nephew (Tommy) were present during the incident. I talked with Becky and she told me that 'Johnny (suspect) slapped Mickey on the face'. I talked to Tommy who said "Johnny knocked Mickey down."

90

Is This A Spontaneous Statement?

Officer Smith reported interviewing Marianne, who is 6. “The whole time during my interview with Marianne she appeared frightened. She was shaking at the hands and kept looking at the front door of her house where her uncle, Robert, was. I asked her if she was afraid of Robert and she nodded her head ‘Yes’. She said that ‘...Robert grabbed me by the arm, pushed me into the wall, and said don’t tell anyone or he’d do it again...’”

91

Contact Skills

- ✓ Importance of understanding values and beliefs of children with disabilities
- ✓ Part of your effectiveness in obtaining and assessing information, and interviewing
- ✓ Video: “Jason”
POST, 2002

92

Values and Beliefs of Children With Disabilities

- ✓ Not get others in trouble
- ✓ Obey the rules
- ✓ Not cause trouble
- ✓ Obey those in charge

93

Values and Beliefs of Children With Disabilities

- ✓ Do not get angry
- ✓ Agree with people
- ✓ Other people's opinion are important while yours are not
- ✓ Do not be assertive

94

Differences in Understanding of Basic Concepts

- ✓ Concept of rights generally unknown to persons with developmental disabilities
 - ✓ Do not make their own decisions
 - ✓ Persons in charge of them are...
 - ✓ May need to say that ____ (the person who is in charge of you) wants me to talk with you

95

Differences in Understanding of Basic Concepts

- ✓ The Law is seldom understood
 - ✓ Against the Law may not be fully understood
 - ✓ Child may think that first responder is punishing them for reporting an assault

96

Differences in Understanding of Basic Concepts

- ✓ Abuse or Assault
 - ✓ Concept is unknown
 - ✓ Child can describe what hurt them or made them feel bad
 - ✓ Often unaware that abuse is abnormal

97

Asking About Abuse: Sample Questions

- ✓ How did it make your body feel?
- ✓ Has your body ever felt like that before?
- ✓ If no, what was different this time?
- ✓ If yes, tell me about that time? Where were you?

Such questions can be answered by most children, including those with moderate mental retardation

98

Differences in Understanding of Basic Concepts

- ✓ Taught to be obedient and dependent
- ✓ Reluctant to express negative feelings or a desire for change
- ✓ Reluctant to express any feelings or desires
- ✓ Will not refuse you, or the suspect

99

Body Integrity

- ✓ Body may be touched for hygiene and therapy
 - ✓ May affect sense of ownership of own body
 - ✓ Child may be used to being touched
 - ✓ Cannot set limits on contact
- ✓ May be unaware that sexual contact is unusual when by caregiver but may be able to understand it should not happen

100

Children With Disabilities



Concrete thinkers

- ✓ What a person can touch, see or feel
- ✓ Do not understand abstract concepts such as time, distance, motivation

101



How Can the First Responder and Frontline Worker Use This Information?

102

Suggested Strategies to Overcome Resistance or Fear

- ✓ Reassure they have done nothing wrong
- ✓ Encourage them to talk and be honest
- ✓ They are not in trouble with you if they talk to you
- ✓ You are there to help
- ✓ You want the child to be safe

103

Suggested Strategies to Overcome Resistance or Fear

- ✓ You are here to listen and want to know what happened
- ✓ They are brave for telling
- ✓ Do not characterize the contact with the child when eliciting information about the contact
- ✓ Educate later on illegal or improper sexual contact
- ✓ Make sure child knows what will happen is because of what suspect did, not their telling you.

104

Suggested Strategies to Overcome Resistance or Fear

- ✓ Ask the child
 - ✓ Where do you hurt?
 - ✓ Where were you touched?
 - ✓ What do you call that part of your body? (Use that term in the interview)
 - ✓ What room were you in when he touched you?
- ✓ Tell child that their parent or other responsible persons wants them to talk to you

105

Interviewing Children with Disabilities

What are barriers and fears of law enforcement and child protective service workers about interviewing children with disabilities?

106

Approaching the Interview



- ✓ Open minded
 - ✓ Don't make assumptions
 - ✓ Supportive, not judgmental
- ✓ Prepared
 - ✓ Review prior information if available
- ✓ When possible, bring “tools” with you in event child is not responding verbally
 - ✓ Crayons and paper
 - ✓ Body diagrams
 - ✓ Anatomically detailed dolls (if qualified)

107

Approaching the Interview



- ✓ Attempt to determine if child has a disability even before arriving so needed assistance can be obtained
 - ✓ Dispatch?
- ✓ Setting may not be within first responder's control
 - ✓ Should consider if it is possible to accommodate everyone's needs for safety and a private interview of the child

108

Approaching the Interview

- ✓ Prior to the child's interview talk to other sources to learn:
 - ✓ Child's communication style and use of interpretive aids
 - ✓ Language for relevant acts or body parts
 - ✓ Suggestions for most effective way to communicate with the child
 - ✓ Type and level of disability

109

Class Exercise

Jessica is 8 years old. She has Down Syndrome. Today she returned from school on her special bus. She was crying, has a red mark on her face, and her outer clothing was disheveled. She was no longer wearing underwear. Jessica told her mother "man hurt me." Her mother called the police.

You have responded

Class Exercise

Working with your table partners, assume that you will interview Jessica's mother.

- ✓ Will you interview her before or after Jessica?
- ✓ What do you want to learn from her?
- ✓ Do you have any concerns about the mother?

Sources Of Information About The Child And Their Disability

- ✓ Parents, teachers, coaches
- ✓ Care providers
- ✓ Disability experts
- ✓ Internet

- ✓ Video: "Mikel's Mother"
 - ✓ Victims with Disabilities: The Forensic Interview

Interviewing Logistics



- ✓ Position yourself across from the child
 - ✓ Some persons lip read
- ✓ Position yourself at the child's level
 - ✓ Consider letting the child decide where to sit and then move to that level
- ✓ Personal space may be different for a child with a disability
 - ✓ Ask care provider

113

Interviewing Logistics



- ✓ Touching is discouraged
 - ✓ May be “touch toxic”
 - ✓ May be similar to suspect's contact
- ✓ Eye contact generally helpful
 - ✓ Cultural issues
 - ✓ Sensitivity with some disabilities such as autism, deaf, hard of hearing, ADD/ADHD

114

Interviewing Logistics



- ✓ Speak in a normal voice
 - ✓ Yelling or speaking extremely loudly may distort words for those lip reading
 - ✓ Raising your voice may frighten the child
 - ✓ Avoid “baby talk”
- ✓ Lighting
 - ✓ Can be painful (fluorescent lighting—autism, ADHD, ADD)
 - ✓ Inadequate for persons with visual or hearing disabilities

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Interviewing Logistics



- ✓ Distractions
 - ✓ May interfere with child’s hearing and concentration
 - ✓ Avoid locations that are too noisy or traumatic
 - ✓ Is location comfortable for the child?
 - ✓ Safe?
 - ✓ Reduce
 - ✓ Noise
 - ✓ Foot traffic
 - ✓ Visual distractions
 - ✓ Law enforcement gun belt

116

Interview Process



- ✓ Initially first responder must
 - ✓ Gain control of scene
 - ✓ Check for weapons and need for medical care
 - ✓ Determine if a crime occurred and who is the perpetrator
- ✓ Protective Services must
 - ✓ Determine if child or other children in danger
 - ✓ What is needed to protect them

117

Interview Process



- ✓ First contact with a child is to determine if a crime happened and the suspect's identity
- ✓ Fuller interview of the child usually follows
- ✓ There may be other interviews later (not conducted by the first responder)

118

Interview Process

✓ How to First Meet the Child?

- ✓ Depending on situation, law enforcement or CPS may introduce themselves
- ✓ If possible, may be preferable for child to be introduced to responder by a trusted parent or other individual
 - ✓ Reassures the child that the responsible person wants the child to talk to the responder

119

Interview Process

✓ Interview is like other interviews of children

- ✓ Get to know the child (rapport building)
- ✓ Assessing communication and intellectual abilities
- ✓ Modifying interactions
- ✓ Direct conversation from general to specific
- ✓ Acquire needed information if a crime occurred
- ✓ Concluding the interview

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Class Exercise:

Presence of a Support Person

What are the benefits of having a support person present at the interview of a child with a disability?

What are the detriments of having a support person present at the interview of a child with a disability?

Advantages of a Support Person

- ✓ Reassure the child
- ✓ May be only person who can interpret what the child says accurately
- ✓ May be able to identify persons the child mentions in the interview

Disadvantages of a Support Person

- ✓ May be a perpetrator or colluding with a perpetrator
- ✓ Child may be embarrassed or afraid to talk in front of support person
- ✓ Support person may be influence answers
- ✓ Loss of confidentiality

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Support Persons

- ✓ When possible interview the child alone
- ✓ If you include a support person
 - ✓ Set rules for their participation such as no speaking or coaching; do not interpret unless requested
 - ✓ If support person cannot comply or upsets child, remove them from interview

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Recording the Interview



- ✓ If possible, tape record
- ✓ Tell child why you are taping
 - ✓ Accurately capture what the child says
 - ✓ Create a record
 - ✓ Reduce number of additional interviews by professionals

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Prior to the Interview



- ✓ Tell children what you expect
 - ✓ Tell the truth
 - ✓ If you do not know an answer, say so; do not guess
 - ✓ Children cannot make up a story for which they lack a base of knowledge (e.g., cannot describe a sexual act unless they have learned about it from personal experience)
 - ✓ As part of effective case development, demonstrate the child's ability to distinguish right from wrong
 - ✓ If child is young or if there is uncertainty

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Class Exercise



Working with your table partners develop, 3-5 questions to ask Jessica about:

- ✓ Group One: The difference between the truth and a lie
- ✓ Group Two: Rapport Building

Building Rapport



- ✓ Identify yourself
- ✓ Your purpose for being there (“Your Mom called for help”)
- ✓ Your job (“Help children be safe”)
- ✓ Your concern that the child is ok
- ✓ “Do you know why I am here?”
- ✓ You want to hear what the child has to say
- ✓ Your opportunity to assess language skills, communication style, ability to understand

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Build Rapport



- ✓ Ask the child to talk about themselves
 - ✓ Their interests
 - ✓ Assess their ability to respond, pacing, speed and delays
 - ✓ Match your pacing and speed to them
- ✓ Use age and developmental level language appropriate to the child
 - ✓ Plain English

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Interview Flow



- ✓ Give child adequate time to process and respond
- ✓ Non threatening questions before moving to the more uncomfortable; then move to less difficult subjects to end.
 - ✓ Tell me about your uncle
 - ✓ What do you like about him? Not like?
 - ✓ Special things you do with Uncle Max?

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Interview Flow



- ✓ Consider enhancing the interview by using paper and crayons, anatomically detailed dolls (if available and the officer is trained on their use) or other tools
 - ✓ Can also assist with rapport building (ask child to draw a picture of the family, etc)
- ✓ Thank the child for their help
- ✓ Acknowledge that interview may have been hard for them
- ✓ Discuss what happens next and what to do if they remember more later on.

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Questioning



- ✓ Open ended questions are preferable
- ✓ If child cannot answer open ended questions, ask more narrowly tailored questions
 - ✓ Later verify responses by asking question again or by asking it in reverse
- ✓ If all else fails, ask yes-no questions
 - ✓ Then attempt to clarify information and add detail

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Children Who Appear “Non Verbal”

- ✓ Determine what this means
- ✓ Usually have some limited language skills
 - ✓ Can indicate yes or no
 - ✓ May have vocabulary of up to 200 words
- ✓ May not have identifiable method of communication
 - ✓ Rely on reports of others and behavioral changes
 - ✓ May need assistance of an expert

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Video

“Effective Communication”
“Voices Ignored,” 2002

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Report Writing



- ✓ People first language
 - ✓ Person with a disability
 - ✓ Person who uses a wheelchair not wheelchair-bound
 - ✓ Experiences not suffers from
 - ✓ Condition not disease
- ✓ Do not use terms like handicapped, crippled, lame, dumb, or retard with or about a child with a disability

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Report Writing



- ✓ As with all crime reports, describe behaviors and conduct, not conclusions
- ✓ If a person has mental retardation, describe their traits, behaviors, and language as they are observed rather than an assessment (not: “acts like a 2 year old”)
 - ✓ If someone provides an opinion, include that information along with the source and context in which the remark was made


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Use of Interpreters in Responding to Abuse Against Children With Disabilities

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Interpreters

- 
- ✓ Best to use certified
 - ✓ Consider child's confidentiality and if certain persons may compromise it
 - ✓ Use of Interpreters
 - ✓ Types
 - ✓ Sign language (American, Universal)
 - ✓ Finger spelling
 - ✓ Facilitated communication

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Facilitated Communication

- ✓ Forms

- ✓ Communication Boards
- ✓ Book or Mechanical Device (computer) to point to letters, words, or pictures

- ✓ Some children need a facilitator to use the communication board or keyboard

- ✓ For court, may need 2 separate interviews with a different facilitator who has no contact with other

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Use of Interpreters

- ✓ Do not use people connected to child victim unless emergency situation

- ✓ May be offender or allied with offender
- ✓ May also be victim
- ✓ May inhibit child from complete disclosure
- ✓ Not familiar with forensic considerations

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Use of Interpreters

- ✓ May use a family member when
 - ✓ Only way to conduct interview (no alternatives)
 - ✓ Child is only understood by family because of unique communication
- ✓ If you must use a family member
 - ✓ Fully brief on your expectations
 - ✓ Debrief them afterwards, especially if children

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Interpreters at the Preliminary Hearing

- ✓ Correa v. Superior Court (2002) 27 Cal.4th 444
- ✓ Officer can testify at preliminary hearing to what translator reported the witness said
 - ✓ Translator is a “language conduit”
 - ✓ Translator needs to be generally unbiased and adequately skilled
 - ✓ Not considered multiple levels of hearsay under Proposition 115

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First Responder Must Document:

- ✓ Who supplied translator?
- ✓ Does translator have a motive to lie or distort?
- ✓ What are translator's qualifications and language skills?
- ✓ Does investigation corroborate translation?

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- ✓ Translator may have to testify if there is significant doubt about accuracy of translation
- ✓ Recommend that interview(s) be taped so translation can be confirmed later

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Video Clips: “Victims With Disabilities: The Forensic Interview”

Loren-16: has brain damage as result of severe childhood abuse and neglect; hearing and vision disabilities; seizure disorder; severe anxiety disorder and PTSD; and learning disability

Maria-25: has cerebral palsy; college student, wife, and mother

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Multidisciplinary Responses and Wrap Up to Training Day

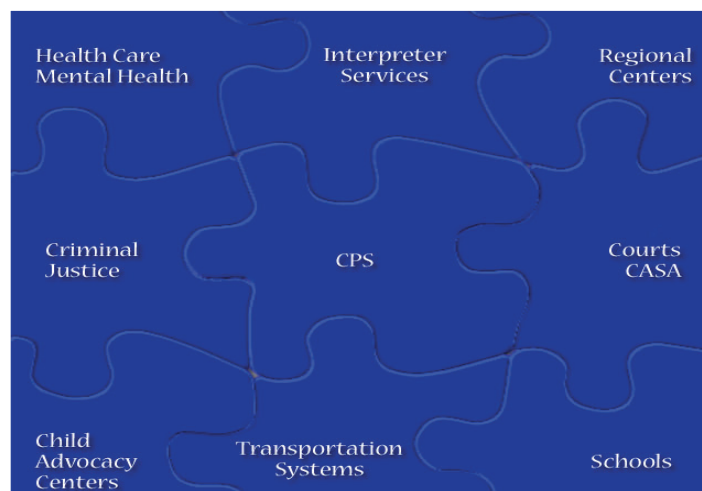
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The Realities

- ✓ Many agencies, courts and systems are involved
- ✓ Overlapping responsibilities, varied roles
- ✓ Sources of needed expertise
 - ✓ Interviewing
 - ✓ MDIT/MDIC
- ✓ Need to work together to
 - ✓ Meet victim needs
 - ✓ Make victims safe
 - ✓ Hold offenders accountable

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Coordinated Response



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Concluding the Session



- ✓ You make or break the case!
- ✓ You set the stage for all future contacts with the child and the child's family!

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Conclusion



- ✓ Final Questions and Comments
- ✓ Evaluations

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